

Advertising & Promotion Commission Request for Funding Application

DATE SUBMITTED _____ DATE RECEIVED _____ AMOUNT REQUESTED _____

NAME OF ORGANIZATION _____

CONTACT PERSON _____ ALT. CONTACT PERSON _____

ADDRESS _____ CITY _____ ST _____ ZIP _____

WORK PHONE _____ HOME PHONE _____ CELL _____

IS THIS A NON-PROFIT ORGANIZATION? _____ NON-PROFIT TAX ID # _____

IS THIS GROUP INCORPORATED _____ LEGAL NAME _____

HISTORY OF ORGANIZATION

NUMBER OF YEARS IN EXISTENCE _____ PRESIDENT/DIRECTOR _____

VICE PRESIDENT: _____ SECRETARY _____

TREASURER _____ GOALS OF ORGANIZATION: _____

EVENT/PROJECT INFORMATION

NAME OF EVENT/PROJECT _____ DATE OF EVENT/PROJECT _____

LOCATION _____ EST. ATTENDANCE _____ ECONOMIC IMPACT OF

EVENT/PROJECT ON COMMUNITY: _____

SPECIFIC DESCRIPTION OF HOW A&P FUNDS WILL BE USED: _____

ATTACH A BRIEF NARRATIVE OF EVENT/PROJECT & BUDGET SUMMARY - INCLUDE LIST OF SPONSORS

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APPROVED BY A&P COMMISSION: _____ AMOUNT FUNDED: _____

VERIFICATION OF EXPENDITURES PROVIDED AFTER EVENT: _____