



Grant Application

Date: _____ Grant Amount Requested: _____

Name of Applicant
Organization/Agency: _____

Year Organization/Agency was Founded/Established: _____

Type of Organization: _____

_____ For Profit _____ Non-Profit

Name of Event:

Dates of Event: _____ Open to the Public _____ Yes _____ No

Beginning and Ending Time of Event: _____
Include daily times if event is multiple days

Brief Narrative Description of the Event: _____

Organization/Agency Website: _____

Organization/Agency Social Media: _____

Event Website: _____

Event Social Media: _____

Event History

Number of Years the Event previously held: _____

Locations of Previous Event: _____

Dates of last Event held: _____

Hotels used at Last Event: _____

Reason for considering Grove as Event location: _____

Grant Funding

Primary Use(s) of Grant Funds: _____

List of other sponsors and amount of funds provided:

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

Attach additional sheets if necessary

Visitor Spending

Economic Benefit to Grove:

Anticipated Visitor Spending in Grove:

Total anticipated number of out of town attendees: = _____

Day visitors # of visitors _____ x # of days _____ x \$75 = \$ _____

Overnight visitors # of visitors _____ x # of nights _____ x \$100 = \$ _____

Total Anticipated Visitor Spending: \$ _____

Anticipated Total Number of Hotel Room Nights

of nights _____ x # of rooms _____ = _____

Anticipated Grove Hotels to be used:

Anticipated Grove Event Facilities to be used: _____

Provide any additional comments that support the need for a Grant or how your event will enhance Grove as an Event/Tourist destination: _____

Name of Contact Person: _____

Phone number of Contact Person: _____

Name to appear on Grant check: _____

Address to mail Grant check: _____

City / State/ Zip: _____

I agree all of the information included in and with this application is true to the best of my knowledge. We agree to provide all of the required post event information within thirty (30) days of the conclusion of our event.

Authorized Representative: _____ Title: _____
Print name

Authorized Representative: _____ Date: _____
Signature

Before submitting grant application, please make sure:

- ✓ All pages have been filled out in their entirety. If a question is not answered, please state why it is not answered;
- ✓ Application agreement is Signed by an Authorized Representative
- ✓ Include a copy of the organizations W-9 Form