

# DENT COUNTY TOURISM COMMISSION APPLICATION FORM

Organization: \_\_\_\_\_

Date Submitted: \_\_\_\_\_

Date Received: \_\_\_\_\_

Contact Person:

Telephone:

Fax:

Address:

Zip Code:

Amount requested from the Dent County Tourism Commission \$

Total Cost of the Program for which funds requested \$

Date Project to be completed:

(Use additional pages to answer the below questions in necessary)

1. Describe your proposal and how this grant would be used.

2. How will this proposal effect tourism in Dent County?

3. Describe the budget for this proposal and list any other sources of income.

4. This is a reimbursement program. Explain how you will document the expenditures for this program.

Please include a list of owner, officers, and or directors of this organization. (Attached)

Date of approval \_\_\_\_\_ Amount awarded \_\_\_\_\_

Date expenditures submitted \_\_\_\_\_

Date paid \_\_\_\_\_ Check # \_\_\_\_\_

Signed \_\_\_\_\_