

# Denison Tourism Board

## Funding Application

The purpose of this application is to exchange information, which will enable you to explain your funding request to the Denison Tourism Board. (please print or type information)

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

Address: \_\_\_\_\_

Check should be written to: \_\_\_\_\_

Contact Name/Title: \_\_\_\_\_

Contact Person Phone Number(s) \_\_\_\_\_

Funding dollar amount requested from Denison Tourism Board: \_\_\_\_\_

Total projected cost of this event: \_\_\_\_\_

Project title: \_\_\_\_\_

Date of event to be held: \_\_\_\_\_

Is funding also being requested from other entities: [ ] Yes [ ] No

If yes, list other entities & amounts requested:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Provide an overview how funds from the Denison Tourism Board will be used:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How will funds requested from the Denison Tourism Board be used to encourage tourism?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Return completed Funding Application to Denison City Hall, 111 North Main, Denison, Iowa 51442. Funding requests will *not* be approved the same month of submission; approval will be as follows:

<u>Month Request Received</u>	<u>Month Request Approved</u>	<b>Upon approval and completion of the project/event, a report <u>must</u> be given to the Tourism Board.</b>
January – March	April	
April – June	July	
July – September	October	
October – December	January	

***Please sign below that all information above is accurate. Thank you.***

\_\_\_\_\_  
Signature – Date

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\_\_\_\_\_ Funding Amount Approved by Denison Tourism Board \_\_\_\_\_ Date

\_\_\_\_\_ Authorized Denison Tourism Board Signature

\_\_\_\_\_ City Code