GLASGOW TOURISM BUSINESS IMPROVEMENT DISTRICT

TOURISM PROJECT/EVENT GRANT APPLICATION

**Instructions**

1. **Thoroughly read the program guidelines before filling out the application.**
2. **Seven (7) copies of the application should be typed or hand printed.**
3. **Submit a budget for your project proposal.**
4. **Include your Organizations proof of non-profit status.**
5. **Application MUST be signed by the project director and the chair/president of the organization.**
6. **Must include current balance sheet from Organization.**

**Name of Applicant Organization:**

**Organization’s Mailing Address:**

**Project Name:**

**Project Director:**

**Telephone: Fax: E-mail:**

**Date(s) of festival or event:**

**If the festival/event is recurring, what was the last number of attendance? If this is a new festival/event, what is the anticipated attendance and why?**

**Anticipated Cost of Project/Event (Attach an estimated budget for YOUR PROJECT ONLY):**

**Amount of TBID Funds requested:**

**Amount of funds already secured by your organization for this project/event:**

**Amount of in-kind provided by your organization:**

**Amount of in-kind provided by other entities (please list):**

**Project Information:**

1. **Give a detailed description of your project/event:**
2. **What need does your project/event address?**
3. **How will you track the effectiveness of the proposed project/event?**
4. **This project/event should generate travel from outside the area (more than 100 miles). How will this project accomplish this?**
5. **Will your project/event increase overnight visitation to your community? If so, how many motel rooms do you anticipate? For how many nights?**

**AGREEMENT**

**We have read and understand the terms and requirements of this program and agree to fulfill our obligation in accordance with same should this application be selected for funding.**

**Signatures:**

**Project Director: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Administrative Official:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**