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| **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, not your overall budget.
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.
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**Project/Event Grant Application**

 TOURISM TOURISM

*GGlG Glasgow, MT*

www.glasgowchamber.net/tbid

BUSINESS IMPROVEMENT DISTRICT

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| **Organization Name:** |
| **Address:** |
| **Project Name:** |
| **Project Director:** |
| **Phone:** | **Fax:** | **Email:** |
| **Event Date(s):** |

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

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| **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.  Project Director Date  Administrative Official Date |