

GRANT APPLICATION FOR FUNDING
FROM TRANSIENT ROOM TAX
Updated January 2009

Sponsoring Organization _____

Mailing Address _____

Telephone _____ e-mail _____

Authorized Presenter of Organization _____

Name of Project _____

Date _____ Amount of Request \$ _____

Signature of Chairperson

Briefly describe the purpose of this request _____

How will your activity bring additional visitors from outside the area to Grant County?

How many more visitors anticipated? _____ Additional information about these
visitors: _____

What will these funds do that your organization could not have done without the additional help? _____

What other fundraising efforts have been made by your organization? _____

An organizational budget **MUST** be included with your application to receive consideration from the committee.

Please attach any additional information pertaining to your request such as copies of fliers, advertisements or brochures.

RETURN REQUEST BY THE 20TH OF THE MONTH TO

GRANT COUNTY CHAMBER OF COMMERCE
301 WEST MAIN ST
JOHN DAY OR 97845

We understand that this grant shall be spent on promotion, acquisition, construction, operation and maintenance of recreational, cultural and tourist related services intended to bring tourists and visitors to Grant County, per County Ordinance, section 24 (I). 1)

date _____

Authorized signature