

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? \_\_\_\_\_

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What other fundraising efforts have been made by your organization? \_\_\_\_\_

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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 20<sup>TH</sup> 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