**HAZARD PERRY COUNTY TOURISM FUNDING REQUEST FORM**

**Name of Organization:**

**Name of Individual Submitting Request:**

**Mailing Address of Organization** (and physical address if different):

**Phone for Org:**  **Individual Submitting Form Phone:**

**Website:**

**Organization and Individual’s Email:**

**Name of CEO, Executive Director or Chair:**

**Phone:** **Email:**

**Application Contact & Title** (if *not* the CEO, Executive Director or Chair)**:**

**Phone:** **Email:**

**Organization Information**

**Year Founded:**

**Mission Statement:**

**Geographic Area Served For the Event or Project** (specific to this request)**:**

**Tax Exemption Status:**

□ 501(c) (3)

□ Using a fiscal agent/fiscal sponsor

Name of fiscal agent/sponsor:

□ Other than 501(c) (3), describe:

**Number of Employees or Board members: Part-time:**

**Funding Request Information**

**Type of Funding Requested** (select one)**: Amount of Request:**

□ Event Sponsorship

 □ Specific Event or Project Support

Name of Event or Project:

**Briefly describe what the funding will be used for (Please add an attachment if necessary):**

**Financial Information**

**Event or Project Budget: Dates: from: to**:

**Anticipated Project Income Anticipated Expenses:**

**NARRATIVE**

**1. ORGANIZATION or EVENT BACKGROUND:**

**2. GOALS:**

**3. CURRENT PROGRAMS or ON-GOING EVENTS:**

 **4. ANTICIPATED OUTCOME OF THE EVENT OR PROJECT:**

 **5. HOW MANY VISITORS DO YOU EXPECT TO ATTEND (Based on previous events**

 **or estimated if this is first time event or project) ?**

 **6. WILL THE PROPOSED EVENT OR PROJECT ATTRACT VISITORS FOR MORE**

 **THAN ONE DAY AND IF SO, WHY?**

 **7. DO YOU EXPECT THE PROJECT OR SPONSORSHIP TO GENERATE FUNDS**

 **FOR OTHER BUSINESSES IN PERRY COUNTY OR THE REGION? PLEASE**

 **EXPLAIN WHY OR WHY NOT.**

 **8. EXPLAIN HOW YOU DECIDED UPON THis PROJECT OR EVENT REQUEST :**

**9. IS THIS A COLLABORATIVE EFFORT REQUESTED (Such as Advertising):**

**Please be aware that if funded, a follow up report on the project or event is required within one month following the event or project. This report should include the number of attendees, a summary of the event, how the funds were utilized and leveraged, and how Hazard Perry County Tourism was recognized as one of the funders. Pictures from the event may be e-mailed to** **office@hazardperrytourism.com** **and may be included on our website or advertisements.**

**The report should be sent to Hazard Perry County Tourism, P. O. Box 7099, Hazard, KY 41702.**

By signing below, I certify that the information contained in this application is true and correct to the best of my knowledge and that I will provide HPCT with a summary of the event or project as detailed above.

**CEO/Executive Director or Chair Date**

**For Tourism Board to Complete:**

**Date Received\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**