

**CITY OF MADISONVILLE  
APPLICATION FOR FUNDING**

**Name of Applicant:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Name of Event:** \_\_\_\_\_

**Date Applicant/Organization was established:** \_\_\_\_\_

**Is Applicant a non-profit organization? Yes:** \_\_\_\_\_ **No:** \_\_\_\_\_

**Attach proof of tax exempt status and tax ID Number:** \_\_\_\_\_

**State the goals and objectives of the organization:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Identify the primary beneficiaries of the organization:** \_\_\_\_\_

**Does the organization have an active board of Directors? Yes:** \_\_\_\_\_ **No:** \_\_\_\_\_

**Attach copy of bylaws or governing rules of organization:**

**Are directors and/or officers compensated for their services? Yes:** \_\_\_\_\_ **No:** \_\_\_\_\_

**Describe the project to be funded and how it will promote tourism in Hopkins County:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**State the total budget for the project and the amount of funding requested from the city of Madisonville:** \_\_\_\_\_

**State the source(s) for the remainder of the funding:** \_\_\_\_\_

**Do you understand that as a condition of receiving funding, you will be required to expend funds and provide accurate account expenditures to the Tourism Advisory Board within 60 days of the event?**

**Yes:** \_\_\_\_\_ **No:** \_\_\_\_\_

**State the date for the event and the location and time the event is scheduled to start and stop:**

\_\_\_\_\_

**Describe how you propose to advertise the event:** \_\_\_\_\_

\_\_\_\_\_

**What is your best estimate of the number of people who will attend the event and state the basis for such belief:** \_\_\_\_\_

**State the amount of any admission fee to be charged and your best estimate of the projected revenue associated with the event:** \_\_\_\_\_

**Does the event require any special services to be furnished by the city of Madisonville?**

**Police? Yes:** \_\_\_\_\_ **No:** \_\_\_\_\_; **Electrical Service? Yes:** \_\_\_\_\_ **No:** \_\_\_\_\_

**Parking? Yes:** \_\_\_\_\_ **No:** \_\_\_\_\_ **Other:** \_\_\_\_\_

**Does the organization have sufficient staff and/or volunteers to clean up the premises at the conclusion of the event? Yes:** \_\_\_\_\_ **No:** \_\_\_\_\_

**Any other information you would like to provide in support of your request for funding:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SIGNATURE OF PREPARER**

I have read and will comply with the conditions as stated in the conditions as stated in the Application for Funding of the city of Madisonville should the requested funds be granted.

\_\_\_\_\_

(Signature)

(Printed Name)

\_\_\_\_\_

(Title)

(Date)