

Alva Tourism & Convention Development Committee *Financial Assistance Application*

NAME, ADDRESS, AND PHONE NUMBER OF INDIVIDUAL(S) TO CONTACT REGARDING THE EVENT:

Name		Name
Address		Address
Phone		Phone
Email Address		Email Address
NAME OF THE EVENT		
IS THIS A NEW EVENT? Yes	No	
WHO IS THE SPONSORING ORGANIZA	TION OF THIS E	VENT?

WHO WILL STAFF AND ADMINISTRATE THE EVENT?

WHAT IS THE DATE AND TIME FRAME OF THE EVENT?

LOCATION(S) OF WHERE THE EVENT WILL BE HELD?

PLEASE DESCRIBE THE EVENT?



APPROXIMATELY HOW MANY PEOPLE DO YOU EXPECT TO ATTEND THE EVENT?

WHERE DO YOU BELIEVE THOSE ATTENDING WILL BE FROM?

PLEASE PROVIDE A BUDGET OF EXPENSES, REVENUE, AND REQUESTS FOR YOUR EVENT. See Request of Funds and Budget Worksheet

HAVE YOU REQUESTED MONEY FROM THE TOURISM AND CONVENTION COMMITTEE BEFORE?

Yes	No	If yes, when and how much did you receive?
105	110	If yes, when the now much the you receive.

If yes, is the amount requested more than your previous request? Yes No

If yes, how will you enhance your event with the requested increase in funds?

WHAT IS THE BENEFIT TO ALVA IF THE FUND REQUEST IS GRANTED?

WHAT ARE YOUR FUTURE PLANS FOR THIS EVENT?

OTHER COMMENTS...

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REQUEST OF FUNDS AND BUDGET WORKSHEET

CITY OF ALVA 415 4th Street Alva, Oklahoma 73717 (580) 327-1340 Fax: (580) 327-4965

Revenue

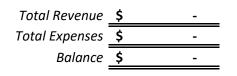
Revenue for the **entire** event.

Expenses

Expenses for the **entire** event.

Expense Items Requested from Tourism Committee

Revenue Name	Amount	Expenses Item	Amount	Requested Item	Amount
	\$		\$		\$
	\$		\$		\$
	\$		\$		\$
	\$		\$		\$
	\$		\$		\$
	\$		\$		\$
	\$		\$		\$
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	\$		\$		\$
	\$		\$		\$
	\$		\$		\$
	\$		\$		\$
	\$		\$		\$
	\$		\$		\$
TOTAL REVEN	JE <u>\$ -</u>	TOTAL EXPENSE	5 ES_\$	TOTAL REQUEST	



Percent of Event Expenses

Funded by Tourism Dollars