

**CITY OF ALVA**

415 4<sup>th</sup> Street  
Alva, Oklahoma 73717  
(580) 327-1340  
Fax: (580) 327-4965

**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

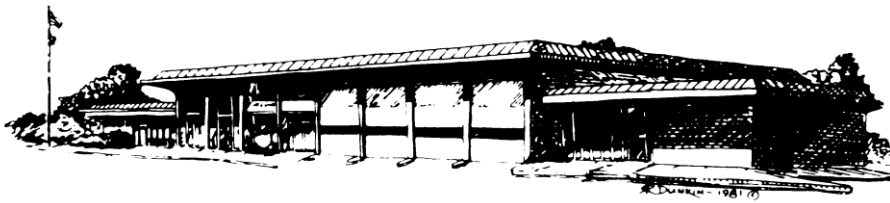
**WHO IS THE SPONSORING ORGANIZATION OF THIS EVENT?**

**WHO WILL STAFF AND ADMINSTRATE 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?**



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**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?* \_\_\_\_\_**

*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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