

(Note: Applications are required 10 days in advance for review. If event is canceled or not otherwise held, granted funds must be refunded)

EXIT 22



City of Stanton Tourism and Convention Commission

PO Box 370
Stanton, KY 40380
GRANT APPLICATION

Organization Name: _____ Date: _____

EIN or SSN Registered with Secretary of State: _____

Address: _____

Telephone Number: _____

Director/Contact Person: _____

Annual Operating Budget: _____

Other Sources of Income: _____

Total Income: _____

Amount Requested: _____ Date of Event: _____

For What Purpose Would The Grant Be Used: _____

How Would This Impact Tourism and Travel in Stanton: _____

By What Date Are Funds Needed: _____

Additional **Required** Documents:

- Event Summary
- Press Package
- Detailed Current Budget
- Last Year's Profit/Loss or Equivalent (waived with Commission approval)
- After Action Report

Organization Signature: _____ Date: _____