**TOWN OF SPRINGERVILLE**

**Tourism Tax Committee**

**Application for Funds**

**Please be as specific as possible when completing this form.**

**DATE(S) OF EVENT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE OF APPLICATION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **DATE**

**AMOUNT OF FUNDING REQUESTED: \_\_\_\_\_\_\_\_\_\_\_ FUNDING REQUIRED: \_\_\_\_\_\_\_\_\_\_\_**

**EVENT:**

Name of Event, Group or Promotion: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Make Check Payable to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tax Identification Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Please complete and return attached W-9)

**CONTACT INFORMATION:**

Name of Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone Numbers: Regular: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Alternate Contact & Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**All applications must be turned in to the Town of Springerville six weeks before the date of the event.**

 **Application will be reviewed by the Tourism Tax Committee. The tourism tax committee can only approve amounts up to $750.00. If approved, the application will be forwarded to the Town Council with a recommendation for funding. A final decision on funding will be made by Council. Council meetings are held the third Wednesdays of each month. YOU MUST BE PRESENT AT COUNCIL MEETING TO BE CONSIDERED FOR FUNDING. Please contact Town Hall to verify meeting dates 333-2656**

**RESERVED FOR COMMITTEE/TOWN USE**

1. Is this request already considered in the current year town budget? \_\_\_\_\_\_\_\_\_\_

2. Does this request fall into the guidelines of tourism and economic development? \_\_\_\_\_\_\_\_\_\_

3. Is there sufficient money in the fund to cover this request? \_\_\_\_\_\_\_\_\_\_

**SPRINGERVILLE**

**TOURISM TAX COMMITTEE**

By majority vote, this request has been

Approved: \_\_\_\_\_\_

Denied: \_\_\_\_\_\_

Amount: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Chair/Vice-Chairperson: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SPRINGERVILLE**

**TOWN COUNCIL**

By majority vote, this request has been

Approved: \_\_\_\_\_\_

Denied: \_\_\_\_\_\_

Amount: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mayor/Vice-Mayor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PLEASE COMPLETE THE QUESTIONS ON THE NEXT PAGE OF THE APPLICATION**

**TOWN OF SPRINGERVILLE**

**Tourism Tax Committee**

**Application for Funds**

**Page 2**

**Please attach any available flyers, posters, etc.**

1. **Is the total amount needed being requested from the Town of Springerville? \_\_\_Yes \_\_\_No**

**If the answer to question #1 is no, what percentage of the total cost is the Town being asked to fund?**

1. **What is the money to be used for?**
2. **How will the residents of Springerville benefit from this event?**
3. **What economic benefit will be gained by the Town of Springerville?**
4. **What other efforts have been utilized to raise funds for this event?**
5. **Estimated number of people attending per day? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
6. **Special Requirements (Liquor, Security, Set-up, etc)?**
7. **Insurance Requirements? \_\_\_\_\_None \_\_\_\_\_Other**

**If other, please explain**

1. **Will any monies be raised concessions, advertising, dances, meals, etc? \_\_\_\_\_Yes \_\_\_\_\_ No**

**If yes, please describe and list estimated revenues.**

1. **If this is an existing event please provide a history of the event including attendance, financial, any other pertinent information.**
2. **What will the profits from the event be used for (scholarships, event promotions, etc.)?**