

This information to be completed by CAPC
Date Received: Date Approved for Processing: Date of Notification if Incomplete: Date of Final Notification:

EUREKA SPRINGS CITY ADVERTISING & PROMOTION COMMISSION FUNDING SUPPORT REQUEST APPLICATION FOR PRIVATELY ATTENDED CONVENTIONS/MEETINGS AND PUBLIC EVENTS

All Fields Required. If field does not apply, enter NA.

Name of Organization:		
Contact Person:		
Address:		
City/State/Zip:		
E-mail:	Work Phone:	
Cell Phone:	Home Phone:	
Alternate Contact Person:	E-mail:	
Telephone Numbers for Alternate:		
Is this a non-profit organization?:	Non-profit tax ID #:	
GRO	UP HISTORY	
Number of Years in Existence:		
Number of total lodging place room r	nights anticipated:	
Number of total attendees anticipate	d:	
Number of total lodging place nights	in the past two years:	
Number of total attendees in each of	the past two years:	
Location of event in each of the past	two years:	
Goal(s)/History of Group:		

FUNDING SUPPORT REQUEST

Name of Event:	
Date Event Begins:	_ Last Day of Event:
Admission Charge: \$	<u></u>
Amount of Funds Requested: \$	
Proposed Use of Funds:	
Other information to support request:	
Specific advertising budget file attached:	
	(Filename(s) of the document(s) you will submit.)
FINANCIAL IN	IFORMATION
Projected event budget file attached:	ename(s) of the document(s) you will submit.)
Cost for Event Last Year: \$	
Profit for Event Last Year: \$	
How was the profit used?:	
What is the total budget amount for this y	
How will the profit generated by this ever	
I hereby certify that the above statements Typing your name in the signature field be real signature on a document.	
Request Submitted By:	
Date:	

THIS REQUEST WILL NOT BE CONSIDERED UNTIL ALL REQUESTED INFORMATION IS PROVIDED TO THE COMMISSION.

This application and any attachments will be submitted online to: Eureka Springs CAPC

Applications are not accepted by e-mail. For technical assistance or to discuss proposals, contact:CAPC Executive Director at 479-253-7333