

	DATE OF REQUEST:	AMOUNT REQUESTED: \$	
		PERCENT OF TOTAL BUDGET REQUESTED:	%
NAME OF EVENT:			-
LOCATION OF EVENT (specify):			
DATE(S) OF EVENT:			_
NAME OF APPLICANT:			
ADDRESS OF APPLICANT:			-
PRIMARY REPRESENTATIVE:			_
REPRESENTATIVE'S EMAIL ADDRESS:	:		_
REPRESENTATIVE'S PRIMARY PHONE	i:	SECONDARY:	_
PLEASE ATTACH PR	OJECTED BUDGET W/	ALLOCATION OF REQUESTED FUNDS	
<b>EVENT</b> OR <b>GENERAL MARKETING</b> (ci	rcle one)		
PLEASE PROVIDE BRIEF INFORMATIC PROJECT:	ON ABOUT THE NATUR	E AND PHILOSOPHY OF YOUR EVENT OR MA	RKETING
	ED FOR THE PURPOSE (	ING ENTITY OR WORKING WITH AN ESTABLI OF ADVERTISING AND MARKETING TOURISM	-
PLEASE STATE THE GENERAL NATUR ADVERTISING OF TOURISM: (100 wo		IE APPLICANT'S PLANNED MARKETING AND	
WILL THIS EVENT PROMOTE THE UN COLORADO? EXPLAIN:	IQUENESS OF RIO GRA	INDE COUNTY AS A TOURIST DESTINATION II	N
IS THIS A NEW EVENT OR MARKETIN	G PLAN? IF NOT, HOW	LONG HAS IT BEEN ACTIVE?	



PREVIO	US FUNDING					
YEAR	\$\$	YEAR	\$	YEAR	\$	
IS THE A	APPLICANT A <i>PUBL</i>	IC OR NON-PRO	<i>FIT</i> ENTITY? (circl	e one)		
•				•	GROUPS TO PROMOTE THIS	
•	IF APPLYING FOR	EVENT FUNDING	i, IS THE EVENT A	VAILABLE TO THE	GENERAL PUBLIC?	
•	IF YOUR PROJECT	LEVERAGES MA	TCHING FUNDS, F	LEASE EXPLAIN:		
SIGNATU	RE OF REPRESENTATIV	E OF FISCALLY RES	PONSIBLE APPLYING	ORGANIZATION:		
SIGNATU	RE X		DATE			
PRINT <u>X</u>						
SIGNATU	RE OF GRANT PREPAR	ER IF DIFFERENT FR	OM ABOVE:			
SIGN X		DATE				
PRINT <u>X</u>						
	COM APPLICATIONS	MPLETED "FOLLOWING TO THE MEETING TH	OW UP REPORT"  JGS ARE HELD THE  PORTS MUST BE F	WITHIN 60 DAYS  E 1 <sup>ST</sup> MONDAY OF  RECEIVED A MININ  ITTEND OUR MEET	ES, ETC. ARE REQUIRED TO AFTER THE EVENT  EACH MONTH.  MUM OF 5 DAYS PRIOR TO INGS & PRESENT A SHORT	
( ) Appr	roved ( ) Disappro	ved, why?	AMOUNT \$		DATE	
COMMITTEE SIGNATURE X				<u> </u>		
COMMITTEE SIGNATURE X			DATI	DATE		