



Effingham Solar Eclipse Grant Application

Name of Event: _____

Date(s) of Event: _____

Location of Event: _____

Address of Event Venue: _____

Organization: _____

Contact Person: _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone: _____ E-mail: _____

Amount Requested: _____

I, _____, understand this grant is 100% reimbursable – upon proof of receipts and the occurrence of aforementioned event.

Signature: _____
❖ ❖

FOR OFFICE USE ONLY

File #: _____

Date Received: _____

Date Approved/Denied: _____

Amt. Approved: _____

Date Paid: _____

Date Final Report Received: _____

1. Describe the event in detail:

2. How will you be using the funds?

3. What is your expected attendance for the event? Is this event open to the public?

4. Will there be an admission charge for this event?

☐ Yes If yes, how much: _____

☐ No

5. What is your marketing plan? (Describe the strategies your organization will use to promote the event (i.e. advertising, public relations, marketing, print collateral, distribution of promotional pieces, etc.)

6. How do you plan to collect data to measure the results of your event?
(Please report back on event attendance after the eclipse.)

7. Attach a complete itemized budget showing all costs associated with the event. Show both expected revenue and expected expenditures.

Please return this application to:

Effingham Tourism Department

201 E. Jefferson Ave.

Effingham, IL 62401

jthoele@effinghamil.com