

## **COMMUNITY GRANT PROGRAM APPLICATION**

	Send completed application (mail or email) to monica@thinkiowacity.com Iowa City/Coralville Area CVB 900 1st Avenue Coralville, IA 52241
APPLICANT INFORMATION	
Name of Event:	Date Submitted:
Event Date(s):	
Organization Producing Event:	
CVB Partner: 🗌 No 🗌 Yes	FEIN #:
Contact Name:	
Title:	
Address (City/State/Zip):	
Email:	Phone:
Website:	
Organization Description:	
Event Description:	
EVENT INFORMATION	
1. Has this event received Community Grant funds in the past?	
No Yes Amount	
2. Has this event been held in the past?	
□ No □ Yes Annual event? □ No □ Yes	Number of years held <i>(including upcoming year)</i> :
	N FRY WAY   CORALVILLE, IA 52241 92   THINKIOWACITY.COM 1

3. What is the estimated number of people this event will bring to the Iowa City area?

Participants \_\_\_\_\_ Local attendees \_\_\_\_\_ Non-local attendees \_\_\_\_\_

4. Who is expected to attend this event? Describe attendees based on interest, age, location, etc.

5. Will this event generate overnight stays (e.g. attendees, vendors, performers)? If so, how many?

6. What aspects of the event help to improve quality of life?

7. How will your event promote cultural diversity?

8. Will the event encourage others to travel to the Iowa City area or enhance their visit while visiting? If so, how?

9. What is the most attractive component of the event?

10. How and where will this event be promoted?

13. What partnerships and collaboration are involved in this event? List all involved for-profits, charities, etc.

14. How would grant funds enhance your event?

## **BUDGET INFORMATION**

1. Please list all sources of funding and amounts, including funding from your own organization along with additional grants and sponsorship dollars. Please use Notes section below if additional space is needed.

Source	Amount Contributed
at part of your budget are you seeking funding for i.e. marketing	ing, special project, new programming, etc?

4. What percentage of your total expenses is this amount?

## ACKNOWLEDGMENT

I acknowledge that I have read and I understand the application materials and requirements as noted in the grant application process. I certify that all statements made in this application are true and correct. I agree with and will comply with all of the requirements indicated in the grant.

Signature \_\_\_\_

Date \_\_\_\_\_