

# Marquette County

Seed Request

Special Contribution

**A. Title of Event**

**B1. Request Name**

**B2. Request Title**

**C1. Event Inception**

**C2. Event Date**

**C3. Number of participants/spectators outside of Marquette County:**

**C4. Number of hotel rooms required:**

**C5. Number of Nights**

**C6. What facility will be utilized to host event:**

**C7. Mailing Address**

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

**C8. Email Address**

**C9. Phone Number** (Area code and number)

**C10. Fax Number** (Area code and number)

**D1. Marketing Plan**

Yes  No

**D2. Surveying Economic Impact**

Yes  No

**E1. Ticket Sales**

**E2. Souvenir Sales**

**E3. Registration Fees**

**F. Support Period** (MM/DD/YY)

From \_\_\_\_\_

Through \_\_\_\_\_

**G. Initial Budget Costs**

Total Costs \_\_\_\_\_

**H. Promotional/Advertisement Costs**

Total Costs \_\_\_\_\_

**I. Applicant Organization**

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

**J. Type of Organization**

NonProfit

Private

Forprofit

**K. Type of NonProfit:**

**L. Amount of Money/In-Kind requested:**

**Amount Requested**

\_\_\_\_\_  
**Signature**

**M. Project Description**

State the project objectives and specific methods for achieving these goals.

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**N. Specification on Money/In-Kind expended**

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**Approved :**

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Any reference to company names and company logos in the sample forms included in this software is for demonstration purposes only and is not intended to refer to any actual organization.