

## **APPLICANT INFORMATION**

| Organization Name: |        |        |      |
|--------------------|--------|--------|------|
| EIN:               |        |        |      |
| Mailing Address:   |        |        |      |
| City:              |        | State: | Zip: |
| Phone:             | Email: |        |      |
| Website:           |        |        |      |
| Primary Contact:   |        |        |      |
| Title:             |        |        |      |
| Phone:             |        |        |      |
| Email:             |        |        |      |
| Project Title:     |        |        |      |

Total Amount to be Requested:

**PROJECT DESCRIPTION** (Please attach an additional page if needed)

Send this document or make other inquiries to: **Visit McKinney** Executive Director 200 W. Virginia • McKinney, TX • 75069 972-547-2059 • <u>executivedirector@visitmckinney.com</u>