



Event Grant Application

1. Applying Organization: _____

Check Here if Organization is Applying as a Pass-Through Organization:

2. Project Director _____

3. Mailing Address _____

4. Phone (_____) _____ Fax (_____) _____

5. Email _____

6. Name of Event: _____

7. Date(s) of Event _____

(If you expect attendees to arrive earlier or stay later, please describe the realistic number of nights you expect out of market visitors to be here) _____

8. Amount of Grant Request \$ _____

List the requested expenses and amounts that will be covered by this grant.

_____ Amount \$ _____

_____ Amount \$ _____

_____ Amount \$ _____

_____ Amount \$ _____

_____ Amount \$ _____

15. Does the Organization/Agency receive any tax funding? Yes No

If yes, how much? \$ _____

16. What other sources of funding and amounts does the Organization/Agency receive (other grants/sponsors/counties)? (Attach additional sheets if necessary)

Funding source: _____ \$ _____

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17. Have you received an Event Grant in the Past? Yes No

18. Name and Address to Appear on Reimbursement Check:

19. Is proof of non-profit status attached? (must be a **final** determination from the Internal Revenue Service)

Yes No

I certify that the above information is true and correct to the best of my knowledge

Authorized Signature of Applicant

Date

Return completed application to:

**Grants Administrator
Outer Banks Visitors Bureau
One Visitors Center Circle
Manteo, NC 27954**