

## 2024/2025 Tourism Development Authority Mini Grant Application

Name of Organization:						
Mailing Address:						
Phone:	Fax:	Email:				
Project Director/C	Organizer:		Title:			
Event Name/Proje	ect Name:					
Fotal Project/Event Budget: Amount Requested:						
Other sources of f	unding:					
Date of Project/Ev	vent:		<u> </u>			
Is your Organizatio	on/Agency a non-profit	? Federal Tax ID#	:			
Anticipated Atten	Anticipated Attendance:					
Anticipated impact on Hotel/Motel Occupancy:						
Percentage of ant	icipated visitors from o	ut of county				
Please provide a d	letailed description of tl	he project/event. Please	address the following:			
a.) Purpose of pro	oject/event, intended go	oals of project				
b.) Brief history of	project/event, and effo	orts towards sustainable	funding in the future year	rs		
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Project Justificatio County:	on: Describe the econor	mic impact and benefits	this project/event will hav	ve on tourism f	or Granville	



How will the requested funds be used: Provide a event organization, signage, media, etc.)	an expected expense breakdown (this includes marketing, promotion,
Event/Project Fees & Expenses (be specific in bre	eakdown)
	<u> </u>
	\$
	<u> </u>
Marketing/Promotion Expenses(specify type and	d location, paid media only)
	<u> </u>
	\$
	<u> </u>
Entertainer/Talent Expenses (if applicable)	
	<u> </u>
	\$
	<u> </u>
Other Expenses	
·	\$
	\$
	\$
Name & Address to appear on check:	
Project Director Signature:	Date: