



Currituck Travel & Tourism Event Grant Application

1. Applying Organization or Business: _____
2. Organization or Business Located in Currituck? ___Yes ___No*
3. *Name of Partner Organization or Business Located in Currituck: _____

4. Project Director: _____
5. Mailing Address: _____
6. City: _____ State: _____ Zip: _____
7. Work Phone: (_____) _____ Fax: (_____) _____
Cell Phone: (_____) _____
8. Email: _____
9. Name of Event: _____
10. Date(s) of Event _____
11. If you expect attendees to arrive earlier or stay later than the date(s) of the event, please describe the realistic number of nights you expect out of market visitors to be here: _____
12. Amount of Grant Request: \$ _____

15. Will this be an annual event? ___ Yes* ___ No

***Include a plan documenting the expected timeline and what steps will be taken to ensure the event's financial viability once Currituck Travel & Tourism Event Grant funding is no longer available.**

16. Anticipated total number of event attendees (local & out of County): _____

17. Estimated number of out of County event attendees: _____

18. Please describe how the Organization/Business will quantify the number of out of County visitors at the Event/Festival: _____

19. Total Event Budget: \$ _____ (*attach a complete budget for the project, including details of income sources, expenditures including, but not limited to, marketing, promotion, administration, salaries, charitable donations and anticipated profit*)

20. Does the Organization/Agency receive any tax funding? ___ Yes* ___ No

***How much?** \$ _____

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

a. Funding source: _____ \$ _____

b. Funding source: _____ \$ _____

c. Funding source: _____ \$ _____

d. Funding source: _____ \$ _____

e. Funding source: _____ \$ _____

f. Funding source: _____ \$ _____

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

23. Name and Address to Appear on Reimbursement Check:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

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

Authorized Signature of Applicant: _____

Print Name of Authorized Applicant: _____

Date: _____

It is required to send a completed W-9 for the organization with each application.

Return completed form and attachments to:

Tameron Kugler, Director
Currituck Travel & Tourism
106 Caratoke Highway
Moyock, NC 27958

For Office Use Only

Date received by Currituck Travel & Tourism: _____

Received By (Please Print): _____