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City of Thorp Thorp Area Chamber of Commerce and Tourism Bureau

Application for Grant Award

Name of Applicant(s):	
Mailing Address:	City, State, Zip:
Contact Person:	Phone Number:()
Event or Project You Are Requesting Funds For:	
Date(s) of Event:	
How often or how many times has this event take	en place?
Amount of Request: \$	Total Project Cost: \$
Exactly what would the grant be used for?	
How will this project or event promote tourism as	
Signature of Applicant:	Date: