



DURANT TOURISM ECONOMIC DEVELOPMENT TAX TRUST AUTHORITY
PROJECT FUNDING APPLICATION

ORGANIZATION NAME: _____

PRIMARY CONTACT/TITLE: _____

MAILING ADDRESS: _____

EMAIL: _____ PHONE #: _____

FEIN: _____

ESTIMATED TOTAL AMOUNT OF PROJECT: _____

AMOUNT REQUESTED: _____

PROJECTED PROJECT BEGINNING DATE: _____

PROJECTED PROJECT END DATE: _____

ESTIMATED ANNUAL VISITORS THIS PROJECT WILL BRING TO OUR CITY?: _____

ESTIMATED ANNUAL VISITORS THAT WOULD BE OVERNIGHT STAYS IN DURANT HOTELS?: _____

BRIEF PROJECT DESCRIPTION -- ON NEXT PAGE, IN 750 WORDS OR LESS PLEASE DESCRIBE YOUR PROJECT AND EXPLAIN HOW YOUR PROJECT WILL SUPPORT THE DEVELOPMENT OR PROMOTION OF TOURISM IN OUR CITY

ATTACHMENTS (FOR NON-PROFIT ORGANIZATIONS)

- Copy of IRA determination letter as to 501(c)(3) status.
- Copy of W9
- IRS Form 990 (most recent available)
- Line item budget of Project

ATTACHMENTS (FOR PROFIT ORGANIZATIONS)

- Copy of W9
- Business Tax Return - 112-S or 1065 (most recent available)
- Line item budget of Project

By signing below, the applicant certifies and warrants that any and all statements and representations made in the Grant Application are true and correct and may be relied upon by the DTEDA. Applicant also acknowledges that DTEDA will be represented on their event/project as chief sponsoring identity and that all advertisements (print, social media, web, etc) will include the DTEDA logo, Discover Durant.

Signature of Responsible Party: _____ Date: _____

Printed Name and Title: _____

Official form of the Durant Tourism Economic Development Authority - Do not alter or change this form in any manner.
Submittals not using official forms or using altered forms may be returned without notice.

For Official Use Only:

Date Received: _____ By: _____ Date Approved/Denied: _____

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