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**City of Thorp
Tourism Commission
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 taken place? _____

Amount of Request: \$ _____ Total Project Cost: \$ _____

Exactly what would the grant be used for? _____

How will this project or event promote tourism and create overnight stays in the City of Thorp?

Signature of Applicant: X _____ Date: _____