

**County Room Tax Allocation Committee**  
**APPLICATION FOR FUNDS for TOURISM RELATED PROJECT**

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ACT 18 requires that monies are to be used for marketing projects to promote tourism in the county. Projects that include construction or other non-marketing related activities do not qualify. Please Submit six (6) copies of this form together with attachments to: The County Room Tax Allocation Committee

Submission Deadlines:	<b>Receipt of Application</b>	<b>Monies Awarded</b>
	30-Dec	27-Feb-18

*Please print or type*

**Organization Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Contact Person & Title:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Website:** \_\_\_\_\_

**Are you a non-profit organization?** Yes \_\_\_\_\_ No \_\_\_\_\_ **EIN:** \_\_\_\_\_

**How long has your organization existed?** \_\_\_\_\_

**Are you incorporated?** Yes \_\_\_\_\_ No \_\_\_\_\_

**Have you been granted 501 (c)(3) or 501(c)(6) status by the IRS?** Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please enclose a copy of IRS determination letter

**Amount Requested:** \_\_\_\_\_

**State organization's general purpose and mission:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

***On behalf of my organization, I affirm that all information in this application and attachments are true and correct and that receipt of any funds will be used for the purpose described herein.***

Name (print): \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

***Please continue to page 2 of application***

