



Grant Application

1. **General Information** *(It is highly recommended that applications be typewritten. Use a separate sheet of paper, if necessary):*

Name of organization _____

Name of facility/project _____

Contact person _____ Email _____

Address of organization or person completing application:

Street _____

City _____ State _____ Zip _____

Phone _____ Fax: _____

2. **What is the mission of your organization?**
3. **How does your organization or project generate visitors to the city or enhance the community's image?**
4. **How long has the organization been in existence?**
5. **How many staff members and/or volunteers are involved in this organization and the project?**

11. Additional information:

12. Please attach the following to the application:

- Proof of liability insurance, where applicable, naming the City of Webster City as additional insured

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BUDGET SUMMARY:

Total Project Cost <i>(please attach detailed budget)</i>	\$ _____
Additional Funding Sources	\$ _____
In-Kind Services	\$ _____
Hotel/Motel Tax Grant Request	\$ _____

I have reviewed this Application for Grant Funds from the City of Webster City. To the best of my knowledge, the information contained in this application and its attachments is accurate and complete.

The Hotel/Motel Tax Fund is to be used for the express purpose as stated in the Grant Application. I, the undersigned, know full and well that if this program/project does not transpire, recommendation by the Webster City Hotel/Motel Tax Board for funding will be withdrawn. My organization will be responsible for refunding any portion of funds already received.

Signature of Applicant

Date

APPLICANTS ARE ENCOURAGED TO ATTACH SAMPLES OR MOCK-UPS, ETC. THAT MAY SUPPORT YOUR APPLICATION AND RETURN TO:

**Webster City Hotel/Motel Tax Board
400 Second Street, P. O. Box 217, Webster City, Iowa 50595
(515) 832-9151 Fax (515) 832-9153**