Central City



Central City Growth Organization

EVENT SUPPORT GRANT APPLICATION FORM

Central City Growth Organization 137 4th St N, PO Box 338 Central City, IA 52214 Ph. (319) 387-7980 centralcitygo@gmail.com

Event Support Grant Application Form

Name of Applicant/Organization:	
Contact Name:	
Mailing Address:	
Phone Number: Work/Home Cell: _	
Email Address:	
Name of Event:	
Is this a one-time or recurring event: One-time Recurring (how ofter	
Event Date: Event Time:	
Event description, including event goals, primary location and proposed activit	ies:
Overall event budget: Amount of support reque	ested:
Specific purpose for which requested amount will be used:	
Describe how this event will benefit to the Central City area:	
(CCGO Board Use only)	
Event meets the general approval of the Central City Growth Organization If no, reason/s for denial:	Yes No
Signatures:	Date Approved: