

# Central City



## Central City Growth Organization

### ***EVENT SUPPORT GRANT APPLICATION FORM***

Central City Growth Organization  
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Central City, IA 52214  
Ph. (319) 387-7980  
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# 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 often): \_\_\_\_\_

Event Date: \_\_\_\_\_ Event Time: \_\_\_\_\_

Event description, including event goals, primary location and proposed activities:

Overall event budget: \_\_\_\_\_ Amount of support requested: \_\_\_\_\_

Specific purpose for which requested amount will be used:

Describe how this event will benefit the Central City area:

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*(CCGO Board Use only)*

Event meets the general approval of the Central City Growth Organization     Yes      No

If no, reason/s for denial: \_\_\_\_\_

Signatures: \_\_\_\_\_

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

