Cass County Tourism
MARKETING GRANT APPLICATION

*Please **type** on this form or use this format on separate sheet in the order presented below. No handwritten applications will be accepted.*

Applicant: _____

Address: _____City_____St_____ZIP _____

Phone: _____Email address: _____

Contact Person: _____

Contact Person Phone and/or Cell: _____

Are you Non-Profit: ☐ Yes ☐ No Can you provide documentation: ☐ Yes ☐ No

Non Profit ID#: _____

Name of event or project: _____

Amount requested: (75% of approved expenses only)_____

Project Completion or Event Date:_____

Describe the event or project: _____

_____

_____

What will be the impact of this event or project on Cass County? _____

_____

_____

What is the target market(s) for this event or project? _____

_____

_____

List other programs of this organization: _____

_____

How will this project be judged for success? _____

_____

_____

☐ I have read and accept the guidelines and requirements for this grants.

_____
Applicant Signature

Signed this _____ day of _____, _____.

( ) Event or project letter with **itemized marketing budget** attached.

( ) Proof of nonprofit status included in pdf file.

For Office Use	**Rev103026**	
Date received: _____		
Itemized Budget:	Yes	No
Nonprofit Status:	Yes	No
Required Signature	Yes	No