



## Currituck Travel & Tourism Event Grant Application

1. Applying Organization or Business: \_\_\_\_\_
2. Organization or Business Located in Currituck? \_\_\_\_Yes \_\_\_\_No\*
3. \*Name of Partner Organization or Business Located in Currituck: \_\_\_\_\_  
\_\_\_\_\_
4. Project Director: \_\_\_\_\_
5. Mailing Address: \_\_\_\_\_
6. City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
7. Work Phone: (\_\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_  
Cell Phone: (\_\_\_\_\_) \_\_\_\_\_
8. Email: \_\_\_\_\_
9. Name of Event: \_\_\_\_\_
10. Date(s) of Event \_\_\_\_\_
11. If you expect attendees to arrive earlier or stay later than the date(s) of the event, please describe the realistic number of nights you expect out of market visitors to be here: \_\_\_\_\_
12. Amount of Grant Request: \$ \_\_\_\_\_

13. List the requested expenses and amounts that will be covered by this grant (*attach additional sheets if necessary*).

_____	Amount \$ _____
_____	Amount \$ _____
_____	Amount \$ _____
_____	Amount \$ _____
_____	Amount \$ _____
_____	Amount \$ _____
_____	Amount \$ _____
_____	Amount \$ _____
_____	Amount \$ _____

14. Description of this year's event. Description must include all activities, purpose, outline, needs assessment and intended results of the event (*attach additional sheets if necessary*).

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

15. Will this be an annual event? ☐ Yes\* ☐ No

**\*Include a plan documenting the expected timeline and what steps will be taken to ensure the event's financial viability once Currituck Travel & Tourism Event Grant funding is no longer available.**

16. Anticipated total number of event attendees (local & out of County): \_\_\_\_\_

17. Estimated number of out of County event attendees: \_\_\_\_\_

18. Please describe how the Organization/Business will quantify the number of out of County visitors at the Event/Festival: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

19. Total Event Budget: \$ \_\_\_\_\_ (*attach a complete budget for the project, including details of income sources, expenditures including, but not limited to, marketing, promotion, administration, salaries, charitable donations and anticipated profit*)

20. Does the Organization/Agency receive any tax funding? ☐ Yes\* ☐ No

**\*How much?** \$ \_\_\_\_\_

21. What other sources of funding and amounts does the Organization/Agency receive (other grants/sponsors/counties)? (*attach additional sheets if necessary*)

a. Funding source: \_\_\_\_\_ \$ \_\_\_\_\_

b. Funding source: \_\_\_\_\_ \$ \_\_\_\_\_

c. Funding source: \_\_\_\_\_ \$ \_\_\_\_\_

d. Funding source: \_\_\_\_\_ \$ \_\_\_\_\_

e. Funding source: \_\_\_\_\_ \$ \_\_\_\_\_

f. Funding source: \_\_\_\_\_ \$ \_\_\_\_\_

22. Have you received an Event Grant in the Past? ☐ Yes ☐ No

23. Name and Address to Appear on Reimbursement Check:

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

*I certify that the above information is true and correct to the best of my knowledge.*

Authorized Signature of Applicant: \_\_\_\_\_

Print Name of Authorized Applicant: \_\_\_\_\_

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

**It is required to send a completed W-9 for the organization with each application.**

**Return completed form and attachments to:**

Tameron Kugler, Director  
Currituck Travel & Tourism  
106 Caratoke Highway  
Moyock, NC 27958

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*For Office Use Only*

**Date received by Currituck Travel & Tourism:** \_\_\_\_\_

**Received By (Please Print):** \_\_\_\_\_