

**TOWN OF SPRINGERVILLE  
Tourism Tax Committee  
Application for Funds**

Please be as specific as possible when completing this form.

**DATE(S) OF EVENT:** \_\_\_\_\_ **DATE OF APPLICATION:** \_\_\_\_\_

**AMOUNT OF FUNDING REQUESTED:** \_\_\_\_\_ **DATE OF FUNDING REQUIRED:** \_\_\_\_\_

<b><u>EVENT:</u></b>	
Name of Event, Group or Promotion:	_____
Make Check Payable to:	_____
Mailing Address:	_____ _____
Tax Identification Number: (Please complete and return attached W-9)	_____

<b><u>CONTACT INFORMATION:</u></b>	
Name of Contact:	_____
Mailing Address:	_____ _____
Telephone Numbers:	Regular: _____ Cell: _____
Alternate Contact & Phone Number:	_____

**All applications must be turned in to the Town of Springerville one month before the date of the event.**

**Once placed on the agenda, the application will be reviewed by the Tourism Tax Committee. If approved, the application will be forwarded to the Town Council with a recommendation for funding. A final decision on funding will be made by Council. Council meetings are held the first and third Wednesdays of each month. Items are placed on the agenda on the Wednesday preceding the meeting.**

**RESERVED FOR COMMITTEE/TOWN USE**

1. Is this request already considered in the current year town budget? \_\_\_\_\_
2. Does this request fall into the guidelines of tourism and economic development? \_\_\_\_\_
3. Is there sufficient money in the fund to cover this request? \_\_\_\_\_

<b>SPRINGERVILLE TOURISM TAX COMMITTEE</b>	<b>SPRINGERVILLE TOWN COUNCIL</b>
By majority vote, this request has been	By majority vote, this request has been
Approved: _____	Approved: _____
Denied: _____	Denied: _____
Amount: _____	Amount: _____
Date: _____	Date: _____
Chair/Vice-Chairperson: _____	Mayor/Vice-Mayor: _____

**PLEASE COMPLETE THE QUESTIONS ON THE NEXT PAGE OF THE APPLICATION**

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Please attach any available flyers, posters, etc.

1. **Is the total amount needed being requested from the Town of Springerville?  Yes  No**  
**If the answer to question #1 is no, what percentage of the total cost is the Town being asked to fund?**  
\_\_\_\_\_  
\_\_\_\_\_
2. **What is the money to be used for?**  
\_\_\_\_\_  
\_\_\_\_\_
3. **How will the residents of Springerville benefit from this event?**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. **What economic benefit will be gained by the Town of Springerville?**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. **What other efforts have been utilized to raise funds for this event?**  
\_\_\_\_\_  
\_\_\_\_\_
6. **Estimated number of people attending per day? \_\_\_\_\_**
7. **Special Requirements (Liquor, Security, Set-up, etc)?**  
\_\_\_\_\_  
\_\_\_\_\_
8. **Insurance Requirements?  None  Other**  
**If other, please explain**  
\_\_\_\_\_  
\_\_\_\_\_
9. **Will any monies be raised concessions, advertising, dances, meals, etc?  Yes  No**  
**If yes, please describe and list estimated revenues.**  
\_\_\_\_\_  
\_\_\_\_\_
10. **If this is an existing event please provide a history of the event including attendance, financial, any other pertinent information.**  
\_\_\_\_\_  
\_\_\_\_\_
11. **What will the profits from the event be used for (scholarships, event promotions, etc.)?**  
\_\_\_\_\_  
\_\_\_\_\_