



**GRANT APPLICATION
"REQUEST FOR ASSISTANCE/ CONTRACT"
DISCOVER ODESSA**

(Attach Additional Sheets If Necessary)

A. ORGANIZATION IDENTITY:

Name: _____

Address: _____

Contact Person (if different): _____

Contact Information:	_____	Title	
	Telephone #	Cell#	e-mail address

ALTERNATE: _____

Name/Title

Name/Title

B. ORGANIZATION OVERVIEW:

1. Brief history and description of the organization/event:

2. Primary purpose and programs:

3. Geographic area and age group served by the organization/event:

(Attach Additional Sheets If Necessary)

C. NATURE OF THE REQUEST:

1. Amount requested: \$ _____

2. Date/s of the Event: _____

3. Description of Event: _____

4. Description of group served by this event: _____

5. Work plan or timeline for project: _____

6. Evaluation plan to determine room nights, etc.: _____

7. Plan for on-going funding of the project: _____

(Attach Additional Sheets If Necessary)
D. **FINANCIAL INFORMATION:**

1. Event Budget:

Income Sources & Amounts: \$ _____
(Include grants from other sources, and/or pending grants)

2. Expenses: (detail all advertising cost):\$ _____

3. Project Net Income/Loss: \$ _____

4. Sources and amounts of all other income: \$ _____

5. Anticipated number of out of town guest. _____

Anticipated number of hotel room nights: _____

Name of hotel/hotels: _____

6. Has your organization applied for Hotel/Motel tax revenues through the City of Odessa for this event? If yes, your organization can not apply for funding from the Odessa CVB: YES _____ NO _____

This application has the approval of the requesting organizations Board of Directors (If applicable).

Authorized Signature/Title

Date

CONTRACT

DISCOVER - Odessa Has approved the _____
Name of Applicant

to receive a grant in the amount of \$ _____ subject to the terms of this

"Request for Assistance/Contract".

Discover Odessa

Date

Applicant

Date