

**DISCOVER AMES**  
*Community*  
*Grant* **PROGRAM**

**2024 APPLICATION**

PLEASE SEND COMPLETED APPLICATION TO:  
ddramthun@discoverames.com  
Discover Ames  
1601 Golden Aspen Drive; Suite 110  
Ames, IA 50010

Name of Event: \_\_\_\_\_ Date submitted: \_\_\_\_\_

Date of Event: \_\_\_\_\_

Location of Event: \_\_\_\_\_

Type of event: ☐ Cultural ☐ Recreation ☐ Educational ☐ Entertainment ☐ Other

Sponsor Organization: \_\_\_\_\_

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

Title / Position: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Website: \_\_\_\_\_

**PROGRAM SUMMARY**

1. Has this event received Discover Ames Community Grant funds in the past?

☐ NO ☐ YES: amount received \$ \_\_\_\_\_

2. Has this event been held in the past in Ames?

☐ NO ☐ YES: when? \_\_\_\_\_

Is this an annual event? ☐ NO ☐ YES

3. Estimated number of participants and attendees this event will bring to Ames:

Participants \_\_\_\_\_ Spectators \_\_\_\_\_ % Out-of-town spectators \_\_\_\_\_ % Local Spectators \_\_\_\_\_

## **PROGRAM SUMMARY (*continued*)**

4. Provide a general overview or description of the event in the space provided.

5. Who is your expected audience for this event?

### PROGRAM SUMMARY *(continued)*

6. What aspects of this event help improve the quality of life for Ames residents?
7. Will the event encourage others to travel to Ames or to enhance the Ames' visitor experience? If so, how?
8. What is the most exciting component of this event?

## **PROGRAM SUMMARY (*continued*)**

9. How will the Discover Ames Community Grant funds enhance your event?

10. If you do *not* receive grant funding, how will your event be impacted?

11. How and where will this event be promoted?

## PROGRAM SUMMARY *(continued)*

### 12. BUDGET FOR THIS EVENT

Please list all sources and amounts of funding, including funding from your own organization and/or additional grants and sponsorships:

Source	Amount	
1.	\$	
2.	\$	
3.	\$	
4.	\$	
5.	\$	
TOTAL:		\$

In the spaces below, please provide your complete event budgeted expenses:

Vendor	Item	Cost
1.		\$
2.		\$
3.		\$
4.		\$
5.		\$
6.		\$
7.		\$
8.		\$
TOTAL:		\$

*\*Copies of receipts will be required with final report as proof of expenditures*

For which budget line(s) are you seeking funding? \_\_\_\_\_

How much total funding are you seeking for these items? \_\_\_\_\_

## OBLIGATIONS

All marketing materials promoting the event must include the Discover Ames logo, telephone number, website and the verbiage “Supported by the Discover Ames Community Grant Program” where appropriate.

If awarded grant funding, **50%** of the awarded amount is available upon request. A final report form must be completed within 60 days of event completion in order to receive the remaining grant award. Failure to comply with the obligations detailed here will prohibit the organization from receiving a grant in the future.

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## ACKNOWLEDGMENT

*I acknowledge that I have read and I understand the application materials and requirements as noted in the grant application process. I certify that all statements made in this application are true and correct. I agree and will comply with the requirements indicated in the grant.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name

## FOR OFFICE USE ONLY

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Organization funding	2020/2021	2022	2023