

## **2025 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:			
	creation Educational Entertainment Other		
Sponsor Organization:			
Contact Name:			
Address:			
	State: Zip Code:		
Phone:	Email:		
Website:			
PROGRAM SUMMARY			
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 ex	vent? NO YES		
3. Estimated number of participants a	nd attendees this event will bring to Ames:		
Participants Spectators	% Out-of-town spectators % Local Spectators		

4.	Provide a general overview or description of the event in the space provided.
5.	Who is your expected audience for this event?

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?

9.	How will the Discover Ames Community Grant funds enhance your event?
10.	If you do <i>not</i> receive grant funding, how will your event be impacted?
11	How and where will this event be promoted?
11.	now and where will this event be promoted:

### 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.			\$
	1	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.

<b>ACKNOWLEDGMEN</b>	Τ
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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

Organization funding	2022	2023	2024