



# TOURISM FUND REQUEST FORM

(One Form Required Per Event)

[www.troyil.us](http://www.troyil.us)

116 East Market St, Troy, Illinois 62294

**Fillable PDF - Please complete and send to [cityclerk@troyil.us](mailto:cityclerk@troyil.us)**

## ORGANIZATION:

Organization Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Event Description & Date: \_\_\_\_\_  
\_\_\_\_\_

## FUNDS REQUESTED:

Total Monies Requested: \$ \_\_\_\_\_

Preferred Distribution

\$ _____	on	_____
\$ _____	on	_____
\$ _____	on	_____

## CONTACT INFORMATION:

Full Name of Applicant: \_\_\_\_\_ Position/Title: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Alternate Contact: \_\_\_\_\_ Position/Title: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

## EVENT INFORMATION:

Location: \_\_\_\_\_  
Projected Attendance (if repeating event, attendance from prior years – estimates accepted): \_\_\_\_\_  
\_\_\_\_\_

## COMMUNITY IMPACT:

Describe the event benefits for the community: \_\_\_\_\_  
\_\_\_\_\_  
Identify other organization(s) that may benefit from the event: \_\_\_\_\_  
\_\_\_\_\_  
For revenue generating events, describe how the profits are used or redistributed within the community: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## ADDITIONAL FINANCIAL INFO:

Other sources of funding for event (if exist) including in-kind: \_\_\_\_\_  
\_\_\_\_\_  
Itemized description of how money will be used: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

