

INFORMATION FOR THE _____
TONOPAH TOWN BOARD MEETING

AGENDA ITEM:

PETITIONER: (Include Name, Address, Phone Number, E-mail)

BACKGROUND OF ACTION ITEM REQUESTED:

FISCAL IMPACT:

Please note: Due to posting requirements, all agenda items must be turned in by 12:00 noon five working days (Wednesday) prior to the day of the scheduled meeting or by 12:00 noon six working days (Tuesday of the prior week) if a holiday falls prior to the meeting.

NOTE: (The days in parentheses are for regular scheduled Town Board meetings which fall on the second and fourth Wednesday of each month)

In order to facilitate the review and consideration of an agenda item presented to the Tonopah Town Board, please include all documents or any relevant material or information with your request.

Signature (required)

Date

Request taken by: _____ **Date:** _____

APPLICATION FOR REQUEST OF STATE 5/8THS ROOM TAX GRANT FOR TONOPAH

Organization Name: _____ Phone No.: _____

Mailing Address: _____

Chief Executive Officer: _____ Phone No.: _____

Purpose of Organization: _____

Project Director: _____ Phone No.: _____

Project Title: _____

Is this a new event? _____

If not a new event, please state the number of years in progress. _____

Project Start Date: _____ Project Ending Date: _____

Location of Project and Targeted Market: _____

Amount of Funds Requested: \$ _____

Cost of Total Project: \$ _____

Summarize the Objectives of this Request: _____

Please define the goals of this project: _____

Please project the expected number of visitors this project will bring to the area: _____

Please provide advertising plans and amount of expenditures:

Signs: _____ \$ _____

Brochures: _____ \$ _____

Media Advertising Schedule

Newspapers: _____ \$ _____

Newspapers: _____ \$ _____

Magazine: _____ \$ _____

Magazine: _____ \$ _____

Radio: _____ \$ _____

Radio: _____ \$ _____

Television: _____ \$ _____

Television: _____ \$ _____

Misc: _____ \$ _____

Misc: _____ \$ _____

Total Advertising Expenses: _____ \$ _____

Additional Comments: _____

Project Director

Date

PROJECT COMPLETION REPORT

Report for completion of State 5/8ths room tax grant funds for Tonopah must be submitted within 60 days of completion of the project or before the end of the fiscal year for which the grant funds were awarded, whichever comes earlier.

Please submit this report with copies of receipts totaling the amount expended on this grant and any reimbursements, if applicable.

Organization Name: _____

Mailing Address: _____

Project Title: _____

Amount of Funds Granted: \$_____

Amount of Funds Expended: \$_____

Estimated Project Visitors: _____

Estimated visitors who spent one or more nights in Tonopah as a result of this project: _____

Comments on Project Results: _____

Project Director

Date