

Franklin County Tourist Development Council
2011-12 SPECIAL \$500 REQUEST APPLICATION FORM

New for fiscal year October 2011 to September 2012 requests: \$8,000 has been allocated for \$500 requests; however only \$2,000 will be allocated per quarter for events in that quarter (Oct-Dec; Jan-Mar; Apr-Jun; Jul-Sept). Requests will be accepted for TDC action for events anytime during each of those quarters. If the \$2,000 quarterly allocation has been used, no further applications will be accepted until the first month of the following quarter. If the quarterly funds are not exhausted, any remaining funds will roll into the next quarter's funding

For consideration, this application must be completed in its entirety. The FCTDC will use information herein to rate the request on its merits. Return the original and two (2) copies one week before the monthly FCTDC board meeting. **Meetings are held the second Tuesday of each month, either at the Franklin County Courthouse Annex, or Carrabelle City Offices. Schedule is published quarterly in the APALACHICOLA TIMES and is on the FCTDC website at www.anaturalescape.com/administration.**

Mail application to: Franklin County Tourist Development Council
P.O. Box 819
Apalachicola, Florida 32329

Or hand-deliver to: 17 ½ Avenue E (Upstairs), Apalachicola (850) 653-8678

1. Name of the project/event and date(s):

2. Name of sponsoring non-profit organization:

3. Mailing address

4. FEIN (Federal Tax ID):

5. Contract Manager: Title:
 - a. Phone: Alt. Phone:
 - b. Fax: Email:

6. Brief description of event/project:

7. Is this a recurring event? If so, when and how often?

8. Is there an entry fee? How much is it?

9. Location of event:

10. How many people do you anticipate will attend the event?

a. Visitors _____ Locals _____ Volunteers/workers _____

11. Describe how the project/event will promote tourism in Franklin County:

SIGNATURES

I have read and fully understand this special request application and will adhere to all requirements set by the FCTDC. I am submitting this application on behalf of my organization's project/event and I am aware that the Franklin County Tourist Development Council will review this application. I have signatory authority for my organization and agree to provide all required documents to the FCTDC in a timely manner. I have completed this application to the best of my ability and I understand that all information submitted will be used to determine grant eligibility.

Non Profit Organization's Chief Official Signature Title Date

Event's Contract Manager Signature Title Date

FCTDC use, Date received _____ By _____

Approved: _____ Date: _____