

Seaside OrEGON

Visitors Bureau

Application Coversheet for Seaside Grant Program

Please Type

Project Title:

Name of Organization requesting funds:

Mailing Address:

Contact Name:

Phone:

E mail:

AMOUNT OF TOTAL FUNDING REQUESTED FOR FY 2008-09: \$ _____

Funds not spent on the approved project must be returned to the City of Seaside's Visitor Bureau department by check with the final report due by June 30.

PROJECT DETAIL:

- A. To Apply attach the Project Detail form with this coversheet and required supporting materials. (see attached)
- B. By January 15, submit an updated Project Detail as your mid year report. (see attached)
- C. By June 30 submit a final report. (see attached) Attach receipts/paid invoices for monies spent and a check to the City of Seaside for any unspent funds.

Any changes to your projects must have prior approval to receive funding.

I AGREE TO ALL TERMS DESCRIBED ON THIS APPLICATION AND VERIFY THAT THE INFORMATION PROVIDED ON THIS COVERSHEET AND THE PROJECT DETAIL APPLICATION ARE TRUE AND ACCURATE.

PRINT NAME: _____ **SIGNATURE:** _____

TITLE: _____ **DATE:** _____

Reviewed by the Tourism Advisory Committee on: _____

APPROVED/NOTAPPROVED/REVISED (attach details) _____

Check number: _____

Sent on: _____

Mid year report received: _____

Final report received: _____

Check in amount of _____

Funds being returned, received on: _____