

APPLICATION FOR FUNDING

Event Contact Name _____

Event Contact Email _____

Event Contact Phone _____

Nonprofit Organization Name _____

Nonprofit Tax ID #: _____

Nonprofit Address _____

Nonprofit Telephone _____

Website (if applicable) _____

Name of Event _____

Date of Event _____

Duration of Event _____

Amount of funding you are requesting \$ _____

Amount of funding from TAC you were given last year \$ _____

I acknowledged all COVID-19 restrictions in place at the time of the event must be met. _____

Would you be interested in using the former Cannon Beach Elementary School site for your event in the future? _____

APPLICATION FOR FUNDING

1. What is the nature and purpose of your event? (Please limit to 1 page or less)
2. Is this a new event or has it happened before? With or Without TAC funds?
3. How many room nights, (nightly stays at hotels, houses, RV) is your goal for this event?
4. If this is a repeat event how many room nights did the event generate the previous year?
5. Do you have a collaboration plan with the Chamber of Commerce or another non-profit or your own volunteers to do an accurate and credible survey of hospitality venues when your event is over, in order to determine how many overnight stays from people living more than 50 miles away your event generated?

APPLICATION FOR FUNDING

6. What is the total budget for your event? Please attach a detailed budget to this application.
7. What is the percentage of your budget you are asking for from TAC?
8. If the funding requested is not for an event, how will it be used?
9. Are you seeking other sources of funding?
10. What is your marketing plan?
11. What is the organizational structure of your people for this event? (do you have a board of directors, volunteers) and what are their responsibilities? In other words, do you have a well thought out plan of action to accomplish your event?

APPLICATION FOR FUNDING

12. Please describe how this event will enhance the arts and attract tourists to Cannon Beach.

13. Do you plan to do this event every year and if so, when do you feel it would no longer need TAC Funding and be self-sufficient if ever?

Make sure your event is in compliance with the requirements of ORS 320.350

Acknowledgment

I understand that, should TAF funding be awarded to me by the City of Cannon Beach, I will be expected to sign a TAF Award Agreement and complete a summary report and evaluation (form provided by the City) within thirty (30) days of completion of the project/event/program, or the end of the fiscal year, whichever occurs first. Further, I understand that I will be expected to provide a Mid-Term Evaluation by March 15, 2025.

By signing this application, I certify that the facts, figures, and representations made in this application are true and correct, that I am an authorized representative of the organization listed on this application, and that this application is made with the authorization and approval of the organization's Board of Directors.

Signature

Date

Print Name and Title

CHECKLIST & RECEIPT

Application Checklist and Receipt for TAF Funding Request

Please acknowledge receipt of the following documents by initialing each item.

- _____ Receipt of Ordinance 10-06
- _____ Receipt of Ordinance 15-01
- _____ Receipt of ORS 320.350
- _____ Receipt of Tourism and Arts Commission (TAC) 2013 Guidelines
- _____ Receipt of Tourism and Arts Funding (TAF) Award Agreement
- _____ Receipt of City Permitted Event Application
- _____ Receipt of W-9 form

Please initial to verify that the following items have been included in the TAF application submittal.

- _____ Completed application form, signed by an authorized representative of the organization
- _____ Copy of Board of Directors list
- _____ A line-item budget for proposed program/project
- _____ A copy of line-item organizational budget for the current fiscal year
- _____ A financial statement for the most recent fiscal year
- _____ Evaluation for last TAF award received, if applicable
- _____ W-9 for City of Cannon Beach Finance Department (if applying for the first time)
- _____ Special Event Permit Application if applicable
- _____ Initialed copy of this Application Checklist and Receipt

All information is on white 8 ½" x 11" sized paper, single sided, and black ink only.