

## Event Funding Request

The City of Waynoka Hotel/Motel Tourism account receives funds from a self-imposed assessment upon Hotels, Motels and Bed and Breakfast units located inside the City limits of Waynoka, OK. The City has budgeted some of those funds to be distributed for a narrow range of events and activities permitted by guidelines set forth by the City of Waynoka. Applications must be submitted for use of these funds and must meet the criteria required to receive funds.

**Applicant Name** \_\_\_\_\_

**Event** \_\_\_\_\_

**Date of Event** \_\_\_\_\_

**Date Application Submitted** \_\_\_\_\_

Applications are reviewed monthly by the City of Waynoka Hotel/ Motel Watchdog Committee. All applications are due by the last day of the month and must be submitted to the City Clerk's office. Submitted applications for funding will then be posted to the agenda of the Watchdog Committee the following month for consideration. Funding Application Forms must be submitted at least 60 days before your event to complete this process. All funding is subject to the approval of the City Council of Waynoka, OK.

Event/Organization Name: \_\_\_\_\_

Address/Zip: \_\_\_\_\_

Applicant/Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Applicant/Contact E-mail Address: \_\_\_\_\_

Event Date(s): \_\_\_\_\_ Funds Requested:\$ \_\_\_\_\_

### Organization Demographics:

# of Full-Time staff: \_\_\_\_\_

# of Part-Time staff: \_\_\_\_\_ # of Volunteers: \_\_\_\_\_

Fed Tax ID#/SS #(If Required) \_\_\_\_\_

Has the Organization received Hotel/Motel funds in the past?

Yes \_\_\_\_\_ No \_\_\_\_\_ When? \_\_\_\_\_

**Description of Event:**

Please provide a brief description of the event. Please attach schedules, photos or brochures or any additional information sheets as needed. \_\_\_\_\_

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**Collaboration Efforts:**

If the event you are seeking funding for is in collaboration with other organizations? Please list those agencies and give a description of their relationship, support (including monetary) or participation at the event.

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**TOTAL PROJECTED EVENT COST: \$** \_\_\_\_\_

**TOTAL REQUESTED FUNDS: \$** \_\_\_\_\_

**REQUEST AS A % OF TOTAL PROJECTED COST: \$** \_\_\_\_\_

**Total Projected Expenditures:** (Please attach additional sheets if necessary)

**\$** \_\_\_\_\_

Description of expenditures: (Media, print, web, T.V., radio)

\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_

**Projected Tourism Benefit:**

Expected number of Participants or Spectators? \_\_\_\_\_

Expected number of out of town participants or spectators? \_\_\_\_\_

Expected number of Out-of-Town participants traveling more than 50 miles? \_\_\_\_\_

Expected number of room nights generated? \_\_\_\_\_

Please explain how your organization will collect and verify the above information. (Surveys, registrations, hotel rooms, etc). \_\_\_\_\_

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Please provide an outline of the marketing plan for the event to be funded. Please attach additional sheets if necessary. \_\_\_\_\_

I attest that the information provided in the Event Funding Request is true, complete and accurate. I further agree that if my application is approved by the Hotel/Motel committee and I furnish any false information in this application, I hereby agree that such act shall constitute denial, suspension or revocation of my application.

**Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

**For Office Use Only:**

**Date Approved/Denied:** \_\_\_\_\_

**VOTE: Yes:** \_\_\_\_\_ **No:** \_\_\_\_\_

**Submit application to:**

**City of Waynoka  
City Clerk's Office  
1759 Cecil St  
Waynoka, OK 73860**