**Heber Springs Advertising & Promotion Commission REQUEST FOR FUNDS**

**Requests must be submitted 45 days before a vote**

**Please fill out all applicable information in regards to your request**

**Date of Request**

**Name of Organization**

**Contact Person or Event Chairperson**

**Committee & Areas of Responsibility**

**Address**

**City State Zip**

**Phone E-Mail**

**Type of Funding Requested:**

**Event Funding Radio Advertising Social Media Advertising**

**Amount of funds requested & proposed use of funds?**

**Estimated cost of event?**

**What other sponsorships and sources of funding are being sought?**

**List any expected revenue sources for event (ticket sales, concession, vendors, fees, etc.)**

**What is the projected attendance of event?**

**What is the projected number based on?**

**Is the event planned to prompt overnight visits?**

**List estimated number of days/nights they will be in Heber Springs as well as any hotels you are partnering with for your event.**

**Are there any charities and/or special interest groups benefiting from the proceeds of the event? If so, please list.**

**Add any other information you believe helps justify the use of Advertising & Promotion Funds for this event.**