

Medicine Lodge Tourism Grant Application

Deadlines for applications: January 15

April 15

July 15

October 15

Use this form for grant requests above \$250.



Return to: ML Tourism Committee
114 W. First Street
Medicine Lodge, KS 67104

Date: _____

Organization/Business Name: _____

Contact Person: _____

Mailing Address: _____

Daytime Phone Number: _____ Fax: _____

Email: _____

Activity/Event Title: _____

Timeline of Activity: _____

Total Cost of Activity/Event: _____

Amount Requested From ML Tourism Fund: _____

Other Sources of Funding or Match: _____

Provide a description of the activity/event (who is involved, target audience, marketing strategies, etc.) _____

Provide a summary of the expenses you plan to incur with this project:

Projected Impact: _____

How will this project increase visitation to or encourage visitors to stay longer in the Medicine Lodge area? _____

How will this project be evaluated? _____

Tourism Committee: Approved/Not approved: _____
Date

Medicine Lodge City Council: Approved/Not approved: _____
Date

Grants in excess of \$250 require a report back to the tourism committee. This report will include a summary description of the project and its impact upon tourism in the community and a detail accounting of the sources and uses of funds specific to the completion of the project. This report is due 30 days after completion of the project.

Failure to provide this report will render the grant recipient ineligible for future grants.
