

HDCWC MINI-GRANT APPLICATION FORM

Applicant's Name: _____ Date: _____

Other HDCWC Members involved: _____

Date of Event: _____ Genre Represented: _____

Total estimated expenses: \$ _____ Amount of Mini-grant requested: \$ _____

(PLEASE ATTACH SEPARATE SHEET ITEMIZING BUDGET FOR EVENT)

NAME OF EVENT:

MEMBER CONTACT NAME: _____ **PHONE NUMBER OF CONTACT:** _____

EMAIL _____ **FAX** _____

LOCATION OF EVENT (COMPLETE ADDRESS)

IS INSURANCE REQUIRED? _____ **BY WHOM?** _____ **EMAIL** _____

APPROXIMATE NUMBER ATTENDING _____ **UNDER 18?** _____ **OVER 18?** _____

DESCRIPTION OF EVENT (ATTACH COPY OF FLYER OR BROCHURE) _____

ATTACH ADDITIONAL SHEETS IF NECESSARY

RECEIPTS: CHECK ALL THAT APPLY **ESTIMATED GROSS RECEIPTS** _____

_____ **ADMISSIONS** _____ **FOOD & NON-ALCOHOLIC BEVERAGES**

_____ **ALCOHOLIC BEVERAGES** _____ **OTHER DESCRIBE** _____

NUMBER ATTENDING UNDER 18 _____ **NUMBER ATTENDING OVER 18** _____

IS PROPER SUPERVISION IN PLACE IF MINORS WILL BE ATTENDING THE EVENT _____

DESCRIBE:

WHAT TYPE OF LIQUOR CONTROLS ARE IN PLACE? _____

IF THE EVENT IS HELD INDOORS, ARE THERE ADEQUATE EXITS?

YES _____ No _____

IS THE EVENT HELD ON OR NEAR THE WATER? YES _____ No _____

IF YES PLEASE DESCRIBE:

IS THERE SECURITY PROVIDED: YES _____ NO _____ DESCRIBE TYPE

IS THERE EMERGENCY MEDICAL EQUIPMENT AND PERSONNEL AT THE EVENT?

YES _____ No _____

IS THE EVENT BEING HELD SOLELY BY THE APPLICANT(S)? _____ OR IN CONJUNCTION WITH ANOTHER ENTITY? YES _____ NO _____

IF YES PLEASE INCLUDE NAME OF OTHER ENTITY/S

IF ANOTHER ENTITY IS INVOLVED ARE THEY INSURED? YES _____ NO _____

IMPORTANT - PROVIDE - NAME OF ORGANIZATION, ADDRESS, CONTACT NAME, PHONE, EMAIL & FAX NU	I	

Make Copies As Needed - Complete One Form For Each Special Event