



**ADVERTISING & PROMOTION COMMISSION
2025 FUNDING APPLICATION**

Name of Organization: _____

Contact Person: _____ Phone #: _____

Address: _____ Email: _____

City/State: _____ Zip: _____

Alternate contact: _____ Phone #: _____

Is this a non-profit organization: _____ Non-profit tax ID#: _____

Is this group incorporated: _____

Have you ever received funding from Springdale Advertising & Promotion? Yes _____ No _____

Amount: \$ _____ Number of Years Funding Received: _____

History of Group Requesting Funding

Brief history of organization: _____

Years in existence: _____

Current President: _____

Current Vice President: _____

Current Secretary/Treasurer: _____

Goal of the group: _____

Event History

Name of event requesting funding: _____

Amount of funding requested: \$ _____ Date(s) of proposed event: _____

Location/Site of Event: _____

Proposed use of funds: _____

Overall budget for this event/project: _____

Marketing budget for this event/project (if applicable): _____

Admission charge: _____ Estimated attendance this year: _____

Event history: _____

Number of people that attended this event the past 3 years (if applicable):

Local

State

Out of State

Number of lodging room nights event will or has generated in past (if applicable): _____

To the best of my knowledge the information provided in this application is true, correct and complete.

***Should you receive funding from the A&P Commission, a requirement of the grant is to provide economic impact numbers and estimates for the success of the program.**

Organization President

Organization Secretary

Return Application by November 15, 2024 to:

Springdale Advertising & Promotion Commission

PO Box 166

Springdale, AR 72765

Or Email to info@chamber.springdale.com