



Clarksville Advertising and Promotion Commission Tourism Funding Application

Name of Organization: _____
Address: _____ City, State, Zip _____ Phone: _____
Project/Event Name: _____
Contact: _____ Phone: _____
Project Start Date: _____ Project End Date: _____
Event Location: _____
Total Tourism Funds requested? \$ _____
Itemize funding request in detail (**attach quotes**): _____

1. Will your project/event influence visitors from outside of Clarksville to visit our community? Yes/No

If yes, what is your estimate:

- Number of visitors out of Johnson County: _____
 Number of visitors outside of a 60 mile radius: _____

2. What is the estimated number of lodging rooms that will be used for this project/event?

[] 10-25 [] 26-50 [] 51-100 [] 101-150 [] 151-250 [] 250+

* All Applications must be submitted by the deadline. Applications will be reviewed within 30 days of the submittal deadline.

ITEMS TO BE SUBMITTED:

1. Application Form
2. Budget for Event (List of all projected income and expenses)
3. Information from previous events (if applicable) - budget, printed materials, room rentals or other information you feel might be helpful in support of your request.

Please send completed application to:

Clarksville Advertising and Promotion Commission
205 Walnut Street
Clarksville, AR 72830