



Hotel/Motel Grant Application – 2024/2025

ORGANIZATION NAME: _____

TAX ID NUMBER: _____

ORGANIZATION ADDRESS: _____
STREET ADDRESS

CITY STATE ZIP CODE

CONTACT INFORMATION: _____
PHONE NUMBER EMAIL ADDRESS

APPLICANT'S NAME: _____
LAST FIRST M.I.

WHAT IS THE MISSION OF YOUR ORGANIZATION?

TOTAL ESTIMATED EXPENSES BY CATEGORY

SALARY/WAGES	\$	_____
EQUIPMENT/MATERIALS/SUPPLIES	\$	_____
MARKETING/ADVERTISING	\$	_____
PROFESSIONAL SERVICES	\$	_____
OFFICE & EQUIPMENT RENT/LEASE	\$	_____
HONORARIA OR FEES	\$	_____
FOOD PURCHASED (NOT FOR RESALE)	\$	_____
TRAVEL & LODGING	\$	_____
OTHER	\$	_____
TOTAL ESTIMATED EXPENSES	\$	_____

INCOME FROM OTHER SOURCES

INDIVIDUAL/ORGANIZATION	\$	_____
INDIVIDUAL/ORGANIZATION	\$	_____
INDIVIDUAL/ORGANIZATION	\$	_____
ADMISSION/FEES	\$	_____
GRANTS	\$	_____
DONATIONS	\$	_____
OTHER	\$	_____
TOTAL INCOME	\$	_____

