

Will this project be an annual event? Yes No

Total Project Expenses \$ _____ (attach a complete budget for the project, including income, expenditures and anticipated revenue)

Funds provided by applicant \$ _____

Requested special project grant funds \$ _____

Other sources of project funding

_____ Amount \$ _____

_____ Amount \$ _____

_____ Amount \$ _____

_____ Amount \$ _____

_____ Amount \$ _____

_____ Amount \$ _____

_____ Amount \$ _____

Does the agency/organization receive any tax funding? Yes No

If yes, how much? \$ _____

Does the agency/organization receive funding from a foundation(S)? Yes No

If yes, how much? \$ _____

What is the agency/organization annual budget? \$ _____

Projected economic impact in Dare County? \$ _____

Estimated number of room nights used for this project _____

Estimated number of visitors _____

Anticipated impact on accommodations: _____

Costs for collateral materials (specify type and number printed. Include breakdown of design layout and printing costs).

TYPE	QNTY	DESIGN/LAYOUT	PRINTING
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____

Other items (be specific):

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Total Project Budget \$ _____

Name and Address to Appear on Reimbursement Check:

Is proof of non-profit status attached (must be a **final** determination from the Internal Revenue Service)

Yes

No

I certify that the above information is true and correct to the best of my knowledge

Signature of Project Director

Date

Return completed application to

Grants Administrator
Outer Banks Visitors Bureau
One Visitors Center Circle
Manteo, NC 27954