



City of Hudson Common Council
Tourism Committee

Tourism Funding Request Application

Applicant Information

Full Name: Last First M.I. Date:

Organization:

Address: Street Address Apartment/Unit #

City State ZIP Code

Phone: Email

Event Date: Desired Funding:\$

Have you received funding from the City of Hudson previously? YES NO Have you received alternative funding to date? YES NO

Is your event a recurring event in the City of Hudson? YES NO If yes, how much?

Will your event conform with all required Federal and State ADA Compliancy laws? YES NO If yes, please detail in description of project below.

Please note: Submitting an application does not ensure funding. Funding is awarded on a competitive basis. Please address each section of this application fully.

Project Overview

1) Description of Project (attach extra sheet(s) if necessary): This description must include all relevant details (i.e., requested funding for print advertising must include name of newspaper or magazine, size of ad(s), number of ads, times run, sample copy, current advertising rates and projected rates. Just stating "funding for ads in The Register Star" will not be sufficient. Similar detail must be provided for other types of projects.

2) Purpose of Project (attach extra sheet(s) if necessary):

3) Why Project should be funded from City of Hudson Tourism Budget?:

4) How Project will benefit City of Hudson and Tourism?:

Funding Request Breakdown

5) Specific breakdown of how and when funding will be used:

6) Other funding being sought or anticipated by this Project (include source, amount, and use):

Source	Amount

Disclaimer and Signature

I acknowledge that acceptance of this Project for funding by the City of Hudson Common Council Tourism Committee is subject to the availability of funds for such projects in its budget and the authorization of such expenditures by the City of Hudson Common Council of the City of Hudson, NY.

Signature: _____
Authorized Signature of Applicant
Typed or printed name of authorized signer

Date: _____

**RETURN TO THE CITY OF HUDSON – ATTN: COMMON COUNCIL TOURISM COMMITTEE
 520 WARREN STREET, HUDSON, NY 12534**

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Considered by Common Council Tourism Committee on: _____ Approved / Denied

Amount Approved: _____ Vote: _____ Comments: _____

Considered by Common Council on: _____ Approved / Denied