



TOURISM FUND REQUEST FORM

(One Form Required Per Event)

www.troyil.us

116 East Market St, Troy, Illinois 62294

Fillable PDF - Please complete and send to cityclerk@troyil.us

ORGANIZATION:

Organization Name: _____
Address: _____
Phone Number: _____
Event Description & Date: _____

FUNDS REQUESTED:

Total Monies Requested: \$ _____

Preferred Distribution

\$ _____	on	_____
\$ _____	on	_____
\$ _____	on	_____

CONTACT INFORMATION:

Full Name of Applicant: _____ Position/Title: _____
Phone Number: _____ Email Address: _____
Alternate Contact: _____ Position/Title: _____
Phone Number: _____ Email Address: _____

EVENT INFORMATION:

Location: _____
Projected Attendance (if repeating event, attendance from prior years – estimates accepted): _____

COMMUNITY IMPACT:

Describe the event benefits for the community: _____

Identify other organization(s) that may benefit from the event: _____

For revenue generating events, describe how the profits are used or redistributed within the community: _____

ADDITIONAL FINANCIAL INFO:

Other sources of funding for event (if exist) including in-kind: _____

Itemized description of how money will be used: _____

