Elko Downtown Business Association – Request Form 2, Funding

I. AMOUNT OF FUNDING REQUESTING: ___________

II. NUMBER OF PROJECTED ATTENDEES:

☐ 1 – 199
☐ 200 – 499
☐ 500 – 899
☐ 900 – 1500
☐ In excess of 1500

III. LENGTH:

☐ 1 – 3 days
☐ 3 – 5 days
☐ 5 – 7 days
☐ In excess of 7 days: __________ total days
☐ Other – Please explain: __________________________

IV. PROPOSED METHOD FOR TRACKING RESULTS OF FUNDS:

____________________________________________________

____________________________________________________

V. WHAT WILL FUNDS FROM DBA BE USED FOR:

____________________________________________________

____________________________________________________

VI. BENEFITS FOR DOWNTOWN & DBA:

____________________________________________________

____________________________________________________

VII. ADDITIONAL SUPPORT NEEDS/REQUIREMENTS FOR SUCCESS:

____________________________________________________

____________________________________________________

DETAILED BUDGET FOR EVENT

<table>
<thead>
<tr>
<th>PUBLICATION/ORGANIZATION</th>
<th>ANTICIPATED COST</th>
</tr>
</thead>
<tbody>
<tr>
<td>Newspaper(s)</td>
<td>$________________</td>
</tr>
<tr>
<td>Magazine(s)</td>
<td>$________________</td>
</tr>
<tr>
<td>Radio</td>
<td>$________________</td>
</tr>
<tr>
<td>Television</td>
<td>$________________</td>
</tr>
<tr>
<td>Brochures</td>
<td>$________________</td>
</tr>
<tr>
<td>Direct Mail</td>
<td>$________________</td>
</tr>
<tr>
<td>Other</td>
<td>$________________</td>
</tr>
</tbody>
</table>

SUBTOTAL $________________
OTHER EXPENSES

Expense
$___________________________
$___________________________
$___________________________

TOTAL EXPENSES:
$___________________________

If this request is for matching funds, identify the source(s) and amounts(s) of said match:

ANTICIPATED COST

SOURCE: _____________________________
$___________________________
$___________________________

Identify other funding sources and anticipated amount(s):

ANTICIPATED COST

SOURCE: _____________________________
$___________________________
$___________________________
$___________________________

TOTAL FUNDING:
$___________________________

Identify anticipated dollar amounts of donated labor, services and materials (In-kind labor):

ANTICIPATED COST

DESCRIBE: _____________________________
$___________________________
$___________________________
$___________________________

TOTAL:
$___________________________

Signature of Authorized Representative ________________________ Date _____________

Send completed form to:
Elko Downtown Business Association
PO Box 2609 - Elko, NV 89803
Info@ElkoDowntown.org

*Must be accompanied by Request Form 1

Do Not Write in This Box — Office Use Only

Date Presented to Subcommittee: _____________
Date Presented to DBA Board: _____________
Date Funds Approved by DBA Board: _____________
Amount approved: _____________
Date Fund Disbursed: _____________
Notes: _____________