

Hotel/Motel Tax Funding Request

Organization Name: _____

Address: _____

Contact Person: _____ Phone Number: _____

Purpose of Organization: _____

Amount Requested: _____

Please describe how these funds will be used if they're awarded: _____

Please attach a copy of the Organization's current budget and proposed budget for next year, including revenue and expense estimates.

Does your organization utilize the services of a professional fundraiser: ____ Yes ____ No

If Yes: Fundraiser Name: _____

Fundraiser Address: _____

Please list the source and amount of funds available for the project. Do *not* include Hotel/Motel Funds.

Person Completing this form: _____

Address: _____

Signature: _____ Date: _____

**Include any additional information or documentation for your request that you feel would be helpful.
Please submit the completed report to: City of Bloomfield – 111 W Franklin St – Bloomfield IA 52537**

This box for Office Use Only

Date Request Received in Office _____

Date Considered by Council _____

Amount Awarded _____

Applicant Notified _____