



Meeting/Event Grant Application

Requests Must be Submitted Prior to the 1st Tuesday of Each Month to be included in the Chamber of Commerce Executive Board Agenda.
Applications should be mailed to: The Clinton Chamber of Commerce 101 S. 4th St. Clinton, OK 73601.

Organization Applicant Information

Organization/Agency Name: Clinton Classic Run		Date: 02/20/2026
Mailing Address: P.O. Box 1591		Phone: (580) 214-0844
City: Clinton	State: OK	ZIP Code: 73601-1591
Year Founded/Established: 2021	Non-Profit: <input checked="" type="radio"/> Yes <input type="radio"/> No (Please circle)	Website: clintonclassicrun.com
Type of Organization/Agency (brief description of activities and primary purpose): See Attachment 1		

Event/Emergency Contact Information

Event Contact Person: David Davis		Title: Co-Chair
Address: 115 Rine Place		Phone: (580) 214-0844
City: Clinton	State: OK	Zip: 73601
Email Address: info@clintonclassicrun.com		2 nd Phone:

Meeting/Event Information

Name of Meeting/Event: Clinton Classic Run			
Date Event Begins	June 6, 2026	Date Event Ends	June 6, 2026
Full Description of proposed Fund usage for Meeting/Event (Be specific): See Attachment 2			

Date of Last Meeting/Event	01/28/2026	Number/Years Previously Received Funds	4	Meeting/Event Funding Amount Requested:	\$ 5,000.00
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Meeting/Event Grant Application (Continued)

Organization/Agency Name: Clinton Classic Run	Date: 02/20/2026
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Economic Impact

Anticipated Economic Benefit or Impact to the City of Clinton: **See Attachment 3**

Expected Visitor Attendance to Clinton:	250	Local Visitors (within 75 miles)	150	Area Visitors (outside 75 miles)	75	Out of State Visitors	25
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Total Expected Number of Hotel/Motel Room Nights Required (# nights x # rooms)	Host Hotel/Motel:
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Overflow Hotels/Motels:

Anticipated Meeting/Event Facilities Required:

Dispersal Information

Name and Address to Appear on Check:

Name: Clinton Classic Run		
Address: P.O. Box 1591		
City: Clinton	State: OK	ZIP Code: 73601-1591

Terms

We acknowledge the Organization information included in this application is true and accurate with no facts having been in any way misrepresented.

Should an approved event be CANCELED after the funds have been disbursed, then we, the Organization, agree to repay all funds received within 30 days of the scheduled event or date of cancellation.

Authorized Applicant Signature:	Applicant Title: Co-Chair
Printed Name: David Davis	Application Date: 02/20/226

Before submitting this request, please ensure all pages have been completed in their entirety and proper signatures are included. If a question is not answered, please state why it is not answered.

Funding Process

The Clinton Chamber of Commerce Executive Board will review all applications during the Executive Session scheduled on the 2nd Wednesday of each month. Once reviewed, recommendations will be presented to the City of Clinton City Council during 3rd Tuesday regularly scheduled meetings. A representative from the organization requesting funds may be present at the Clinton Chamber of Commerce Executive Board meeting and the Clinton City Council meeting to address any questions or concerns.

Clinton Chamber of Commerce Executive Board Funding Recommendation

Grant Amount Recommended to the Clinton City Council for Final Approval: \$ 2400	Date: 3/11/2026
	MARK Nicholson
Signature of Clinton Chamber of Commerce Board Chair or Acting Chair	Printed Name: