



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 BASEBALL, INC		Date: 05/17/18
Mailing Address: 2611 SUNSET DR		Phone: 580-445-1609
City: CLINTON	State: OK	ZIP Code: 73601
Year Founded/Established: 1991	Non-Profit: <input checked="" type="radio"/> Yes <input type="radio"/> No (Please circle)	Website:
Type of Organization/Agency (brief description of activities and primary purpose): SOLIC		

Event/Emergency Contact Information

Event Contact Person: AARON HUNTER		Title:
Address: 2611 SUNSET DR		Phone: 580-445-1609
City: CLINTON	State: OK	Zip: 73601
Email Address: ac.ahunter99@gmail.com		2 nd Phone:

Meeting/Event Information

Name of Meeting/Event: OK KIDS COACH PITCH STATE CHAMPIONSHIP TOURNAMENT			
Date Event Begins	07-11-18	Date Event Ends	07-14-18
Full Description of proposed Fund usage for Meeting/Event (Be specific): \$5000 BID AMOUNT FOR STATE TOURNAMENT			
Date of Last Meeting/Event	07-11-17	Number/Years Previously Received Funds	1
Meeting/Event Funding Amount Requested:		\$	5000



Meeting/Event Grant Application (Continued)

Organization/Agency Name: CLINTON BASEBALL INC	Date: 05/17/18
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Economic Impact

Anticipated Economic Benefit or Impact to the City of Clinton: **16 TEAMS. 15 TEAMS WILL BE OUT OF TOWN TEAMS**

Expected Visitor Attendance to Clinton:	2000 +	Local Visitors (within 75 miles)	200 +	Area Visitors (outside 75 miles)	1800 +	Out of State Visitors	0
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Total Expected Number of Hotel/Motel Room Nights Required (# nights x # rooms)	500 +	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 BASEBALL INC**
 Address: **2611 SUNSET DR**
 City: **CLINTON** State: **OK** ZIP Code: **73601**

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: PRESIDENT
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Printed Name: AARON HUNTER	Application Date: 05/17/18
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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 Industrial Authority during 3rd Tuesday regularly scheduled City Council 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:	\$ 5000⁰⁰	Date: 6/18/18
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Signature of Clinton Chamber of Commerce Board Chair or Acting Chair:	Printed Name: MAX MCKINSEY
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