



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 Wrestling Boosters		Date: 5-13-19
Mailing Address: P.O. Box 729 Clinton, OK 73601		Phone: 580-323-1800
City: Clinton	State: OK	ZIP Code: 73601
Year Founded/Established:	Non-Profit: <input checked="" type="radio"/> Yes No (Please circle)	Website: Clinton Reds / facebook

Type of Organization/Agency (brief description of activities and primary purpose): **Organizing and running tournaments and fundraisers to feed wrestlers, pay for hotels purchase team shirts, and fund end of year banquet**

Event/Emergency Contact Information

Event Contact Person: Chris Maley		Title: Booster member
Address: 8500 W Modelle Ave.		Phone: 580-303-0048
City: Clinton	State: OK	Zip: 73601
Email Address: c.maley78@att.net		2 nd Phone:

Meeting/Event Information

Name of Meeting/Event: Hub City Beat Down			
Date Event Begins	6-22-19	Date Event Ends	6-22-19

Full Description of proposed Fund usage for Meeting/Event (Be specific):

Purchase of trophies, medals, Ref fees. Purchase of food for concession stand. Security fee for a Clinton officer to attend. Pepsi products for concession.

Date of Last Meeting/Event	7-2-18	Number/Years Previously Received Funds	1	Meeting/Event Funding Amount Requested:	\$ 2,500.00
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Meeting/Event Grant Application (Continued)

Organization/Agency Name: Clinton Wrestling Boosters Date: 5-13-19

Economic Impact

Anticipated Economic Benefit or Impact to the City of Clinton: Guests will eat, shop, get gas and possibly stay in a hotel the day/evening of event.

Expected Visitor Attendance to Clinton:	<u>500</u>	Local Visitors (within 75 miles)	<u>300</u>	Area Visitors (outside 75 miles)	<u>180</u>	Out of State Visitors	<u>20</u>
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Total Expected Number of Hotel/Motel Room Nights Required (# nights x # rooms): _____ Host Hotel/Motel: _____

Overflow Hotels/Motels: _____

Anticipated Meeting/Event Facilities Required: _____

Dispersal Information

Name and Address to Appear on Check: _____

Name: Clinton Wrestling Boosters
 Address: P.O. Box 729 Clinton, Ok 73601
 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: Chris Maley Applicant Title: Booster member
 Printed Name: Chris Maley Application Date: 5-13-19

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: \$ 1000 Date: 5/15/19

Signature of Clinton Chamber of Commerce Board Chair or Acting Chair: [Signature] Printed Name: MAX MCKINSEY