



## Meeting/Event Grant Application

**Requests Must be Submitted Prior to the 1<sup>st</sup> 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. 4<sup>th</sup> St. Clinton, OK 73601.**

### Organization Applicant Information

Organization/Agency Name: <b>CLINTON BASEBALL INC</b>		Date: <b>05/30/19</b>
Mailing Address: <b>2611 SUNSET DR</b>		Phone: <b>580.445.1609</b>
City: <b>CLINTON</b>	State: <b>OK</b>	ZIP Code: <b>73601</b>
Year Founded/Established: <b>1991</b>	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): <b>SOCCER</b>		

### Event/Emergency Contact Information

Event Contact Person: <b>AARON HUNTER</b>		Title:
Address: <b>2611 SUNSET DR</b>		Phone: <b>580.445.1609</b>
City: <b>CLINTON</b>	State: <b>OK</b>	Zip: <b>73601</b>
Email Address: <b>ac.alkhunter99@gmail.com</b>		2 <sup>nd</sup> Phone:

### Meeting/Event Information

Name of Meeting/Event: <b>OK KIDS COACH PITCH STATE CHAMPIONSHIP TOURNAMENT</b>			
Date Event Begins	<b>07/09/19</b>	Date Event Ends	<b>07/13/19</b>
Full Description of proposed Fund usage for Meeting/Event (Be specific): <b>\$ BID AMOUNT FOR STATE TOURNAMENT and cost of tournament</b>			
Date of Last Meeting/Event	<b>07/09/14/2018</b>	Number/Years Previously Received Funds	Meeting/Event Funding Amount Requested: <b>\$ 7500</b>



## Meeting/Event Grant Application (Continued)

Organization/Agency Name: <u>CLINTON BASEBALL INC</u>	Date: <u>05/30/19</u>
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### Economic Impact

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

Expected Visitor Attendance to Clinton:	<u>3000+</u>	Local Visitors (within 75 miles)	<u>200+</u>	Area Visitors (outside 75 miles)	<u>2500+</u>	Out of State Visitors	<u>0</u>
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Total Expected Number of Hotel/Motel Room Nights Required (# nights x # rooms)	<u>500+</u>	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: <u>CLINTON BASEBALL INC</u>		
Address: <u>2611 SUNSET DR</u>		
City: <u>CLINTON</u>	State: <u>OK</u>	ZIP Code: <u>73601</u>

### 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: <u>PRESIDENT</u>
Printed Name: <u>AARON HUNTER</u>	Application Date: <u>05/30/19</u>

**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 2<sup>nd</sup> Wednesday of each month. Once reviewed, recommendations will be presented to the City of Clinton City Council during 3<sup>rd</sup> 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: \$ <u>7500</u>	Date: <u>6/11/19</u>
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Signature of Clinton Chamber of Commerce Board Chair or Acting Chair:	Printed Name: <u>MAX MCKINSEY</u>
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