



## Meeting/Event Grant Application

**Requests Must be Submitted Prior to the 1<sup>st</sup> Tuesday of Each Month to be included in the Agenda  
The Clinton Chamber of Commerce 101 S. 4<sup>th</sup> St. Clinton, OK 73601.**

### Organization Applicant Information

Organization/Agency Name: Clinton Chamber of Commerce		Date: 06-09-2020
Mailing Address: 101 s. 4 <sup>th</sup> Street		Phone: 580-323-2222
City: Clinton	State: OK	ZIP Code: 73601
Year Founded/Established:	Non-Profit: Yes No (Please circle)	Website: www.clintonok.org
Type of Organization/Agency (brief description of activities and primary purpose): Supporting businesses and tourism for City of Clinton		

### Event/Emergency Contact Information

Event Contact Person: Julie Burden Caldwell		Title: President
Address: 101 S. 4 <sup>th</sup> Street		Phone: 580-323-2222
City: Clinton	State: OK	Zip: 73601
Email Address: julieburden@clintonok.org		2 <sup>nd</sup> Phone: 405-600-8964

### Officers

President/Chairman: Anthony Moore	Phone: 580-302-6400
Secretary:	Phone:
Treasurer: Valerie Boyles	Phone: 580-323-2285

### Meeting/Event Information

Name of Meeting/Event: Billboards					
Date Event Begins		Date Event Ends			
Brief Description of Meeting/Event: Purchasing vinyl for 4 billboards, includes installation and repairs to create tourism					
What publicity material will carry the City of Clinton and Clinton Chamber of Commerce logos?					
Date of Last Meeting/Event		Number/Years Previously Received Funds		Meeting/Event Funding Amount Requested:	\$ 6,600.00



## Meeting/Event Grant Application (Continued)

Organization/Agency Name: Clinton Chamber of Commerce	Date: 6-09-2020
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### Economic Impact

Brief Description of the Economic Benefit or Impact to the City of Clinton:

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

Overflow Hotels/Motels:

Anticipated Meeting/Event Facilities Required:

### Dispersal Information

Name and Address to Appear on Check:

Name: Clinton Chamber of Commerce

Address: 101 S. 4<sup>th</sup>

City : Clinton	State: OK	ZIP Code: 73601
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### Terms

***We acknowledge the Organization information included in this application is true and accurate with no facts having in any way been 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:
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Printed Name:	Application Date:
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**SWOSU APPLICANTS ONLY**  
**MUST have SWOSU President or President's Designee Signature for approval process.**

SWOSU President or Designee Signature:

**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.**



## Meeting/Event Grant Application (Continued)

Organization/Agency Name: Clinton Chamber of Commerce

Date: 06-09-2020

### 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 the monthly 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:

\$ 6,600.00

Date:

6/9/2020

Printed Name: Anthony Moore

Signature of Clinton Chamber of Commerce Board Chair or President

Title:

### Clinton City of Council Funding Approval