



### 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: <u>Clinton Girls Softball League</u>		Date: <u>5-8-23</u>
Mailing Address: <u>2505 Quail Run Street</u>		Phone:
City: <u>Clinton</u>	State: <u>OK</u>	ZIP Code: <u>73601</u>
Year Founded/Established:	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): <u>501C</u>		

#### Event/Emergency Contact Information

Event Contact Person: <u>Nathan Meget</u>		Title: <u>Tournament Director</u>
Address: <u>2505 Quail Run St.</u>		Phone: <u>580 330-0482</u>
City: <u>Clinton</u>	State: <u>OK</u>	Zip: <u>73601</u>
Email Address: <u>megetnathan@gmail.com</u>		2 <sup>nd</sup> Phone:

#### Meeting/Event Information

Name of Meeting/Event: <u>OK Kids Coach Pitch Softball State Tournament</u>			
Date Event Begins	<u>6-21-23</u>	Date Event Ends	<u>6-24-23</u>
Full Description of proposed Fund usage for Meeting/Event (Be specific): <u>\$ 7,500 Bid Amount/Sponsorship for state tournament</u>			
Date of Last Meeting/Event	<u>N/A</u>	Number/Years Previously Received Funds	<u>0</u>
Meeting/Event Funding Amount Requested:		<u>\$ 7500<sup>00</sup></u>	



## Meeting/Event Grant Application (Continued)

Organization/Agency Name: <u>Clinton Girls Softball League</u>	Date: <u>5-8-23</u>
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### Economic Impact

Anticipated Economic Benefit or Impact to the City of Clinton: 16 to 24 teams with 90% being

from out of town

Expected Visitor Attendance to Clinton:	<u>2000+</u>	Local Visitors (within 75 miles)	<u>200+</u>	Area Visitors (outside 75 miles)	<u>1800+</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: Clinton Girls Softball League

Name: Clinton Girls Softball League

Address: 2505 Quail Run St

City: Clinton State: Oklahoma 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: <u>Co-Tournament Director</u>
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Printed Name: <u>Kyle C. Severson</u>	Application Date: <u>5-8-23</u>
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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 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>7,500.00</u>	Date: <u>5-19-23</u>
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Signature of Clinton Chamber of Commerce Board Chair or Acting Chair:	Printed Name: <u>Traci Heerwald</u>
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