

Wilmington Events Program Fund Application

Complete 30 days Prior to Event

Name of Organization/Business/Committee _____

Mailing Address _____

EIN# _____ Attach a W-9 _____ Amount Requested _____

Please Attach Certificate of Liability Insurance (must match applicant name)

Name of Event _____ Event Date _____

Location of Event _____ Contact Person _____

Phone Number _____ Email Address _____

Is this event partnered or co-sponsored with any other group? _____

If so Who? _____

Is this a new event? _____ If not, how long has this event been in existence? _____

Describe the Event? (How many people are expected, the audience you are attracting, the goal, how the event will benefit the town, how the event will be advertised, number of volunteers, etc.)

Please attach a detailed budget with cost estimates, grant request, matching cash and in-kind funds and anticipated revenues (if any expected). Itemize each expense for the total cost of the event with vendor name (i.e. posters, banners, decorations, materials, advertising, etc.).

Signature of Applicant

Date

Print Name

Title

Submit to: jdefrancesco@wilmingtonvt.us or 2 East Main Street P.O. Box 217 Wilmington, VT 05363