

REQUEST FOR PROPOSAL# _____

Must have Representative attend meeting & present proposal

Date Submitted: _____

Contact Person (and Title): _____

Organization Requesting Funding: _____

Description of Project: _____

How Will the Project Impact Tourism in Seminole? _____

Is this a re-occurring or annual event? Yes _____ No _____

If yes, estimate the level of participation (approx. number of attendees) last year: _____ this year: _____

Will there be any out of town over night stays possible? _____ If Yes, approx. how many? _____

Time Frame of Project (please include latest fund request date): _____

Amount Requested: _____

How will money from the Tourism Council be used (advertising, give-a-ways, site rentals, hotel fees, etc.)?

Is this event a fundraiser for your organization? If so, how will the proceeds be used? _____

Description of organization's financial contribution to the project: _____

Please note: Claims for funds will only be accepted 90 days after event or completion of project. Thank You.

Please provide any additional information (such as promotional materials for the event or further narrative) on a separate page.

***Submit Requests to: Seminole Tourism Council,
C/o Seminole Chamber of Commerce, P.O. Box 1190, Seminole, OK 74818-1190.
Proposals will be reviewed at the Tourism Council's regular meetings
or at special meetings as appropriate.***

Date Approved: _____ **Tourism President/Officer:** _____