

EVENT GRANT PROGRAM APPLICATION

Youngstown City Hall
26 S. Phelps Street
Youngstown, Oh 44503

NAME / ORGANIZATION: _____

ADDRESS: _____ CITY: _____ STATE _____

ZIP: _____

DATE OF APPLICATION: _____

EVENT NAME: _____

FUNDS REQUESTED: _____

TOTAL PROJECTED COST: _____

FUNDED BY: _____

SECURED FUNDING _____ % OF PROJECTED COST _____

DATE OF EVENT: _____

DISCRPTION: _____

LIQUOR PERMIT: _____ PERMITS NEEDED: _____

SECURED LIABILITY INSURANCE _____

EXPECTED AUDIENCE SIZE: _____

PREVIOUS AUDIENCE SIZE: _____

VENDORS: _____

VENDOR NEEDS (water, electricity...) _____

VENDOR C4 PERMIT _____

COMPLETE THE ATTACHED DOWNTOWN MAP

SITE LOCATION (show on map): _____

CLOSED ROADWAYS (show on map): _____

(Attach full clean up plan)