



Dunn Area Tourism  
Authority  
Capital Grants Fund  
Application  
*Not to exceed \$50,000*

Name of Organization \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone Number \_\_\_\_\_ Fax \_\_\_\_\_

Contact Person \_\_\_\_\_

Email \_\_\_\_\_

Organization Web Address \_\_\_\_\_

Federal Tax ID # \_\_\_\_\_

**Organizations Mission Statement – Relationship to Tourism**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

No. of Visitors Annually \_\_\_\_\_ Requested Amount \_\_\_\_\_

Proposed Budget for Project Enclosed  Yes  No

*Salaries may not be included* – (to include Rent, Insurance, Utilities, etc.)

Organizations Budgets for the Past two years enclosed  Yes  No

*Include all funding sources, fundraising, grants, endowments, events, rent, municipal funding*

Most recent tax return enclosed  Yes  No