



MAKE IT HAPPEN Create & Improve Funds

GENERAL APPLICANT INFORMATION Please fill out this form as completely and accurately as possible. Incomplete forms may be returned or passed up for review. Questions should be directed to Travis Napper at tnapper@rustonlincoln.com.

Legal name of applicant organization: _____

Application date: _____

State Tax ID/Tax Exempt Number: _____

Contact person & title: _____

Address: _____ City/State/Zipcode: _____

_____ Phone: _____

Website: _____

Email address: _____

Name of project/progam: _____

Location of project: _____

Project start date: _____ Project completion date: _____

Total revenue budgeted for this project: \$ _____

Total expenses budgeted for this project: \$ _____

Is this the first request for funds? Yes No



1. Briefly describe the project for which funds are being requested. What are the primary goals and objectives of the project?

2. Please provide an outline of key project stages (including start date, milestones and completion date).

3. How will the project enhance the visitor experience?

4. How will you measure project success? Describe the project deliverables and expected results.

5. How would the Experience Ruston CVB funds be used?

6. How will your project be impacted if you receive partial or no funding from the Experience Ruston CVB?

7. Please supply any additional information you believe will strengthen your application. Bids, mockups, samples and any other information that will help illustrate your project or request.



BUDGET WORKSHEET Please add notes to explain your project budget. If you have an existing budget, you may attach the existing budget in place of completing the budget below.

REVENUE	
SOURCE	AMOUNT
TOTALS	
EXPENSES	
ITEM	COST
TOTALS	

APPLICANT'S STATEMENT OF AGREEMENT Everything I have stated on this application is correct to the best of my knowledge. I understand that a project evaluation form must be submitted to the Experience Ruston CVB following the completion of the project and that failure to do so will result in the loss of any funds awarded. By signing here, I signify I have received the Create & Improve Funds Program Criteria and I understand that the CVB will occasionally send me emails regarding program updates. **If you have an existing budget, you may attach it in place of completing this budget.**

Application's Signature: _____ Date: _____