



## St. Michaels Tourism Board Event Funding Form

Name of Project/Event: \_\_\_\_\_

Date of Project/Event: \_\_\_\_\_

Contact Person: Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Brief Project Description: \_\_\_\_\_

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

Benefits to St. Michaels: \_\_\_\_\_

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

Support requested from SM Tourism Board: \_\_\_\_\_

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

Total Funding for the Project (attach budget): \_\_\_\_\_

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

In-Kind Support – Partners/Sources: \_\_\_\_\_

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