

**Jasper County Development District #1
Application for Funding**

Application Date: ___/___/___

Applicant Name: _____

Applicant Address: _____

Applicant City: _____ State: _____ Zip: _____

Applicant Phone (____)____-____ Fax(____)____-____

Contact Person: _____

Tax ID Number: _____

Purpose of your Organization or Event:

Date(s) of your Event: _____

Primary Location for the Event or Organization: _____

Amount Requested: \$ _____

How will this amount be used: _____

Primary Purpose of the activity/organization: _____

How this activity/organization will provide Tourism Development within the District:

Does this event receive funding from other taxing entities? Yes No

If Yes, who provides funding: _____

Has the District funded this activity/organization before? Yes No

Total Cost of the activity/organization: \$ _____

Comments: _____

By submitting your application to the District, you acknowledge that funds requested are being used within the Laws of the State of Texas. You also acknowledge that failure to use the funds as required by Law, you will be subject to prosecution to recover such funds. You also acknowledge that if your event/organization is canceled or dissolved, all funds UNLESS specifically agreed to in writing will be returned to the District.

_____/____/____
Applicant's Printed Name Date

Applicant's Signed Name