

HATFIELD ECONOMIC REVITALIZATION COMMITTEE
BUSINESS EVENT FUNDING APPLICATION

1. APPLICANT/BUSINESS DATA

Applicant Name: _____
Business Name: _____
Address: _____

Telephone: _____

2. EVENT/ACTIVITY DESCRIPTION – Describe the proposed use of the funds:

3. DESCRIPTION OF COST – (*Expense receipts required for reimbursement.*)

TOTAL EVENT BUDGET \$ _____

4. DISCLAIMER & APPLICANT SIGNATURE

“I acknowledge that I understand the terms of the Hatfield Economic Revitalization Committee Funding Guidelines and the information provided is complete and accurate.”

Applicant Signature

Date

5. FUNDING ELIGIBILITY

The Hatfield Economic Revitalization Committee has reviewed this application and the proposed event is determined eligible for funding.

FUNDS APPROVED \$ _____

Chairman, HERC

Date
