

## Elko Downtown Business Association – Request Form 2, Funding

I. AMOUNT OF FUNDING REQUESTING: \_\_\_\_\_

II. NUMBER OF PROJECTED ATTENDEES:

- 1 – 199
- 200 – 499
- 500 – 899
- 900 – 1500
- In excess of 1500

III. LENGTH:

- 1 – 3 days
- 3 – 5 days
- 5 – 7 days
- In excess of 7 days:  
\_\_\_\_\_ total days
- Other – Please explain:  
\_\_\_\_\_  
\_\_\_\_\_

IV. PROPOSED METHOD FOR TRACKING RESULTS OF FUNDS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

V. WHAT WILL FUNDS FROM DBA BE USED FOR: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

VI. BENEFITS FOR DOWNTOWN & DBA: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

VII. ADDITIONAL SUPPORT NEEDS/REQUIREMENTS FOR SUCCESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### DETAILED BUDGET FOR EVENT

PUBLICATION/ORGANIZATION	ANTICIPATED COST
Newspaper(s) _____	\$ _____
Magazine(s) _____	\$ _____
Radio _____	\$ _____
Television _____	\$ _____
Brochures _____	\$ _____
Direct Mail _____	\$ _____
Other _____	\$ _____
SUBTOTAL	\$ _____

<b>OTHER EXPENSES</b>	<b>ANTICIPATED COST</b>
Expense _____	\$ _____
_____	\$ _____
_____	\$ _____
<b>TOTAL EXPENSES:</b>	\$ _____

If this request is for matching funds, identify the source(s) and amounts(s) of said match:

	<b>ANTICIPATED COST</b>
SOURCE: _____	\$ _____
_____	\$ _____

Identify other funding sources and anticipated amount(s):

	<b>ANTICIPATED COST</b>
SOURCE: _____	\$ _____
_____	\$ _____
_____	\$ _____
<b>TOTAL FUNDING:</b>	\$ _____

Identify anticipated dollar amounts of donated labor, services and materials (In-kind labor):

	<b>ANTICIPATED COST</b>
DESCRIBE: _____	\$ _____
_____	\$ _____
_____	\$ _____
<b>TOTAL:</b>	\$ _____

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Date

Send completed form to:

Elko Downtown Business Association  
PO Box 2609 - Elko, NV 89803  
[Info@ElkoDowntown.org](mailto:Info@ElkoDowntown.org)

\*Must be accompanied by Request Form 1

<b><i>Do Not Write in This Box — Office Use Only</i></b>
Date Presented to Subcommittee: _____
Date Presented to DBA Board: _____
Date Funds Approved by DBA Board: _____
Amount approved: _____
Date Fund Disbursed: _____
Notes: _____