

haggard · twogood

CHARITABLE TRUST

Request for Event Funding

**Required Fields*

*Event Name: _____

*Event Date: (MM/DD/YYYY) _____

Performer/Group Name: _____

*Event Location (City & Facility): _____

Event Budget: \$ _____

*Amount Requested from the Trust: \$ _____

*Please describe in detail how the funds requested will be utilized: _____

Has an auditorium been reserved? Yes No Not Applicable (N/A)

Has School Administration been notified? Yes No N/A

Has a sound system and operator been secured? Yes No N/A

Has a light technician been arranged? Yes No N/A

Please describe what advertising and promotion is contemplated: _____

Does grant request include the cost of housing and meals? Yes No N/A

Have grants from other sources been considered? Yes No N/A

Will a charge be required for the event? Yes No N/A

Have ticket sales workers and ushers been obtained? Yes No N/A

Do you anticipate repeating this in later years? Yes No N/A

*Local Contact Person for Event: _____

*Phone: _____

*Email: _____

If you have questions about this form or our grants, please email haggard-twogood@algonaarts.org