

SHELBY COUNTY HOTEL/MOTEL TAX GRANT APPLICATION

Contact Information		
Project/Event Name:		
Applicant:		
Street Address:		
City/State/Zip:		
Phone:		
E-Mail Address:		
Total Cost Estimate: Attach detailed budget/invoice.		
Grant Amount Request:		
Do you anticipate receiving any other funding for the project/event?		
If so, how much and from whom?		
Project/Event Description		
Briefly summarize the proposed project or event (500 words or less). Please include project anticipated completion date. If an event, please include date(s) and location. Attach additional pages, if necessary.		
Applicant Signature		
Name (printed):		
Signature:		
Date:		
For Office Use Only:		
		Grant No. _____
Grant Approved:	Date:	Grant Amount:
Grant Denied:	Date:	
Reason for Denial:		
Signature:		
Return form to:	Shelby County Auditor, 612 Court St., Harlan, IA 51537	
If approved, a check will be issued by the Fiscal Agent to the applicant within 30 days, but for no more than Grant Amount specified above.		