

APPLICATION  
Florence Area Sports Council Recruitment Grant  
2016-2017

I. Tournament / Event Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Event dates: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax \_\_\_\_\_ e-mail \_\_\_\_\_

II. Applicant Category:

\_\_\_\_\_ Government Entity: \_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_ For-profit organization

\_\_\_\_\_ Not-for-profit as registered with the Secretary of State of South Carolina  
Date of Incorporation \_\_\_\_\_ Charter # \_\_\_\_\_

\_\_\_\_\_ Eleemosynary organization under IRS Code 501 (c) (3), (4), (5), (6), (7)  
Date of IRS Tax Exempt Determination Letter \_\_\_\_\_  
IRS# \_\_\_\_\_

III. Pre-Event Economic Impact Projections:

Affiliated Organization: \_\_\_\_\_

Tournament Director: \_\_\_\_\_

Address (if different from above): \_\_\_\_\_

Phone number: \_\_\_\_\_ Email: \_\_\_\_\_

Total number of teams expected: \_\_\_\_\_

Total number of teams expected to overnight in Florence hotels: \_\_\_\_\_

Number of estimated players and coaches per team: \_\_\_\_\_

Number of estimated family members per player: \_\_\_\_\_

List hotels to be used: \_\_\_\_\_

IV. Give a general description and schedule of events: