

# Medicine Lodge Tourism Grant Application

*Deadlines for applications: January 15  
April 15  
July 15  
October 15*

Use this form for grant requests up to **\$250**.

Return to: ML Tourism Committee  
114 W. First Street  
Medicine Lodge, KS 67104



Date: \_\_\_\_\_

Organization/Business Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

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

Daytime Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Activity/Event Title: \_\_\_\_\_

Date/Time Range of Activity: \_\_\_\_\_

Total Cost of Project/Activity: \_\_\_\_\_

Amount Requested From ML Tourism Fund: \_\_\_\_\_

Other Sources of Funding: \_\_\_\_\_

Projected Impact: \_\_\_\_\_

Approved/Not approved \_\_\_\_\_

Date