



## CHARITABLE GRANT APPLICATION FOR DISCOUNTED RATES

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### About Your Organization

Organization Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

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

Are you a registered not-for-profit organization? Yes / No 501 (c) Number: \_\_\_\_\_

Your Organization's Mission (if applicable): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### About the Event

Event Name: \_\_\_\_\_

Event Date & Time: \_\_\_\_\_ Is this date flexible? Yes / No

Event Highlights: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### Supporting Criteria

Which of the following criteria does your rental request meet? Select all that apply.

Supports charitable fundraising     Benefits a high need or at risk population

Recognizes Volunteers     Supports equine community     Benefits youth

Rodeo or agriculturally related     Community benefit     Other

If other, please explain: \_\_\_\_\_

# LEWISTON ROUNDUP

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### Financial Projection

Please outline your projected costs and profits for the event:


Is there a charge to participate in the event?    Yes / No    Amount: \$ \_\_\_\_\_

Will event profits remain with the Requesting Organization?    Yes / Partial / No

If partial or no, please elaborate: \_\_\_\_\_

### Other

Are recognition opportunities available for the Lewiston Roundup Association?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please include any additional information you feel would help us evaluate the proposed event.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Lewiston Roundup Authorization (For Internal LRA Use Only)

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

Discount Percentage Applied: \_\_\_\_\_%

LRA Approval Granted by: \_\_\_\_\_

Discount applied to invoice:    Y / N    Dollar Amount Discounted: \$ \_\_\_\_\_