



## WEDC Event Advertising Request

- Event advertising requests are only available to current 501(c)3 organizations. Proof must be provided at time of application.
- Requests must be submitted prior to the event and by Noon (12:00p.m.), eight (8) days prior to date of meeting. If you wish to withdraw your request, please notify the City Secretary no later than 5 business days prior to the meeting.
- Every attempt will be made to place this item at the requested meeting date. When necessary, items may be scheduled at the next available meeting. **A representative from your organization should be present at the meeting to address any questions about your event.**
- Regular WEDC meetings are held, as needed, on the first Tuesday of each month, beginning at 5:30PM at City Hall, 501 S. Main St. Winnsboro TX 75494. Agendas are posted online at [www.cityofwinnsboro.org](http://www.cityofwinnsboro.org) 72 hours prior to the meeting date.
- Requests may or may not be acted on by the board. Funds will NOT be released until receipts for expenses have been submitted to the Finance Department. Receipts must be received within days of 30 days of event end or 30 days prior to Fiscal Year end (October 01), whichever is earlier. Failure to submit receipts before the end of the fiscal year will result in a forfeiture of approved funds.

Name of organization: \_\_\_\_\_

Event Name/Type: \_\_\_\_\_

Event Date(s): \_\_\_\_\_ Requested Meeting Date: \_\_\_\_\_

**Please give a brief report of last year 's event.**

Event Date(s): \_\_\_\_\_

Approximate # of attendees: \_\_\_\_\_

Amount spent on advertising: \_\_\_\_\_

Advertisements placed with:

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Revenue generated: \_\_\_\_\_

Additional information for consideration:

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## WEDC Event Advertising Request



Applicant Name: \_\_\_\_\_ Affiliation with organization: \_\_\_\_\_

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

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

Contact Number(s): \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**INTERNAL USE**

Application Received By: \_\_\_\_\_ Date: \_\_\_\_\_

City Administrator Approval: \_\_\_\_\_ Date: \_\_\_\_\_

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

Approved Amount\$ \_\_\_\_\_

Denied

\_\_\_\_\_  
Jan Mills, President

12 Month Request History: \_\_\_\_\_

| Meeting Date: | Approved Amount: | Event Date |
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This request is subject to Open Records under the Public Information Act; however, personal email addresses are considered confidential. Listing your email address below is optional.

By signing this acknowledgment, the requester is indicating their approval to release their email address should they include it on this request form.