

Macoupin County Tourism Grant Application

Applicant Information

Applicant (legal name of organization): **Macoupin County Fair and Agricultural Association, Inc.**

Address: **PO Box 145**

City: **Carlinville**

State: **Illinois**

Zip Code: **62626**

Contact Name for Organization: **Mark Dugger**

Date of Program/Event: **July 16-2112**

Telephone: **217-854-9422**

Fax: **217-854-6796**

Event/Attraction Website: **Macoupincountyfair.org**

Email: info@Macoupincountyfair.org

Project Information

Name of event or attraction: **Macoupin County Fair**

Total Estimated Attendance: **20,000 people**

Total Amount Requested: **\$10,000**

Print Advertising amount:

Radio advertising amount:

Television Advertising amount:

Brochures/Fliers amount:

Other \$: