

General Applicant Information. Please fill out this form as completely and accurately as possible. Incomplete forms may be returned or passed up for review. Questions regarding this form should be directed to: cvbgrantprogram@visitbrookingsd.com.

Legal name of applicant organization: _____

Application date: _____ State Tax ID/Tax Exempt Number: _____

Contact person & title: _____

Address: _____ City/State/Zipcode: _____

_____ Phone: _____

Website: _____

Email address: _____

Name of project/program: _____

Location of project: _____

Project start date: _____ Project completion date: _____

Total revenue budgeted for this project: \$ _____

Total expenses budgeted for this project: \$ _____

Is this the first request for funds? _____

Date(s) of previous requests: _____ Amount previously received: _____

APPLICATION NARRATIVE. Please limit answers to 250 words or less.

1. Briefly describe the project for which funds are being requested. What are the primary goals and objectives of the project?

2. Please provide an outline of key project stages (including start date, milestones and completion date).

3. How will the project enhance the visitor experience?

4. How will you measure project success? Describe the project deliverables and expected results.

5. How would the CVB funds be used?

6. How will your project be impacted if you receive partial or no funding from the CVB?

7. Please supply any additional information you believe will strengthen your application. Bids, mock-ups, samples and any other information that will help illustrate your project or request.
