

**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](mailto: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?  

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

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3. How will the project enhance the visitor experience?  

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

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5. How would the CVB funds be used?  

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

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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.  

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**BUDGET WORKSHEET.** Please add notes to explain your project budget as needed. If you have an existing budget, you may attach the existing budget in place of completing the budget below.

REVENUE				
SOURCE	CASH AMOUNT	IN-KIND AMOUNT	TOTAL	STATUS
Fundraisers				
Individual donations				
Other:				
Other:				
Other:				
PLEASE LIST ANY MAJOR SPONSORS:				
TOTALS				

EXPENSES			
ITEM	COST	IN-KIND AMOUNT	TOTAL
TOTALS			

**APPLICANT'S STATEMENT OF AGREEMENT.**

Everything that I have stated on this application is correct to the best of my knowledge. I understand that a project evaluation form must be submitted to the Brookings CVB following the completion of the project and that failure to do so will result in the loss of any funds awarded. By signing here, I signify that I have received the Community Grant Program Criteria and I understand that the Brookings CVB will occasionally send me emails regarding program updates and reminders.

Applicant's Signature:

Date: