

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: _____

Address: _____

City/State/Zip code: _____

Contact person: _____

Phone #: _____

Email address: _____

Website: _____

Event name: _____

Event date: _____

Site/location of the event: _____

How often is the event held in Brookings: _____

Revenue budgeted: _____

Expenses budgeted: _____

Projected daily attendance for event: _____

Percent of attendance from out of town: _____

Projected daily hotel rooms for event: _____

Amount requested from CVB: _____

Date(s) of previous requests: _____

Amount previously received: _____

EVENT HISTORY

Previous year's attendance: _____

Percentage of out of town: _____

Total number of hotel rooms: _____

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

1. Describe the event for which you propose to use requested CVB Funds. Please attach an event schedule.

2. Who is your target audience? Summarize your promotional/marketing plan.

3. Have you blocked rooms with area hotels? Yes No
If yes, which hotels?

4. How will the funds be used? Describe why CVB funds are necessary to make the event successful. How will they impact the event?

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

6. What steps have you or will you take to ensure the event is successful and ultimately becomes self sufficient? How do you plan to grow your event?

7. Please list any other information you feel we should know about your event.

PROJECTED 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
Ticket sales (Include ticket price)				
Individual donations				
Vendor/participant fees				
Other				
PLEASE LIST ANY MAJOR SPONSORS:				
TOTALS				

EXPENSES			
ITEM	COST	IN-KIND AMOUNT	TOTAL
Facility rent			
Promotion/marketing costs			
Lodging			
Equipment			
Hospitality			
Other			
Other			
Other			
TOTALS			

APPLICANT'S STATEMENT OF AGREEMENT

Everything that I have stated on this application is correct to the best of my knowledge. Additionally, I understand that an event evaluation form must be submitted to the Brookings Convention & Visitors Bureau within 60 days following the event and that failure to do so will result in the loss of any funds awarded.

Applicant's Signature: _____ Date: _____