

Tourism Enhancement Grant

**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: grantprogram@visitbrookingssd.com.

Legal name of applicant organization _	
Application date	State Tax ID/Tax Exempt Number
Contact person	
Address	City State/Zip
	Phone
Website	
Email	
Name of project/program	
Location of project	
Project start date	Project completion date
Amount requested from Visit Brookings \$	
Total revenue budgeted for this project \$	
Date(s) of previous requests	



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 Visit Brookings funds be used?
6.	How will your project be impacted if you receive partial or no funding from Visit Brookings?
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-KI	ND AMOUNT	TOTAL	-	STATUS
Fundraisers						
Individual donations						
Other:						
Other:						
Other:						
PLEASE LIST ANY MAJOR	SPONSORS:					
TOTALS						
EXPENSES						
ITEM	COST		IN-KIND AM	MOUNT		TOTAL
TOTALS						

> I A LEWEINI	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 Visit Brookings 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 Tourism Enhancement Grant Program
Criteria and Lunderstand that Visit Brookings will occasionally send me emails regarding program updates and reminders.

Applicant's Signature:	Date:	