

**Organization/Business Information**

Name of Organization/Business: \_\_\_\_\_

Mailing Address (must match W9): \_\_\_\_\_

City, State, Zip: -  
\_\_\_\_\_

Contact Name:  
\_\_\_\_\_

Contact Email:  
\_\_\_\_\_

Is your organization/business: Non-Profit \_\_\_ Private/For-Profit \_\_\_

Tax ID# \_\_\_\_\_

Purpose of your organization/business:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Event Description**

- 1. Is this event less than five (5) years old?      \_\_\_ Yes                      \_\_\_ No
- 2. If no, are you making significant changes this year?      \_\_\_ Yes                      \_\_\_ No

Please Explain:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Name of Event:  
\_\_\_\_\_

4. Event Date(s):  
\_\_\_\_\_

5. Event Location:  
\_\_\_\_\_

6. Event Description:

- 
- 
- 
7. Will there be an admission charge for this event?     Yes             No  
8. Is this a one-time event?                                     Yes             No

**Visitor Impact**

1. Estimated Attendance: \_\_\_\_\_

2. Is there an audience focus (i.e. families, seniors, youth, etc.)?:

\_\_\_\_\_

**Funding Request**

1. Amount Requested: \$ \_\_\_\_\_

2. Total Operating Budget: \$ \_\_\_\_\_

3. Total Advertising/Promotion Budget: \$ \_\_\_\_\_

4. What is your organization's direct contribution to the above? \$ \_\_\_\_\_

5. Have you received HOT funding from a municipality other than Amarillo in the last three (3) years?     Yes             No

If yes, list the years and amount received:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Do you plan to receive HOT funding from another municipality for the event you are applying for?

Yes                                     No

If yes, what municipality and how much?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Please list any other event sponsors:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Required Attachments:**

Along with the application, please submit the following attachments:

- **Utilization Statement** (for prior grant awardees): Statement should be for the most recent event funded by the ACVB.
- **Proposed Event Budget** (please highlight marketing efforts 50 miles outside of Amarillo)
- **Marketing Plan**
- **W9**

**Applicant Certification**

1. I have read the information in this application in its entirety and understand and agree to comply with all provisions therein; and that I intend to use the grant for the event to directly enhance and promote the tourism and hotel industry by attracting visitors from outside of Amarillo into the city to stay in one of Amarillo’s lodging facilities.
2. I will abide by all relevant local, state, and federal laws/regulations regarding the use of Hotel Occupancy Tax
3. That grant funds used for an ineligible expense will be reimbursed back to the ACVB.
4. I agree to submit required post-event documentation within 30 days of the event or risk requests for return of funds, suspension of future grant payments/partnerships, disqualification from future grants, and legal action.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title