



GRANT APPLICATION Sports Business Development Program

Applicant Information

Organization: _____

Non-profit designation: _____ Tax ID #: _____

Mailing Address (City, State, Zip): _____

Primary Contact: _____ Title: _____

Email: _____ Phone: _____

Event Information

Event Title: _____

Event Date: _____ Venue/Location(s): _____

Previous Location(s): _____

Estimated # Participants		Estimated # Peak Room Nights	
Estimated # Spectators		Estimated # Total Room Nights	
Estimated total # of unique attendance (include staff, officials, coaches)		Estimated % Attendance > 50 mile radius (non-local)	

Event Competition Level: Invitational Regional National International

First time event for Fort Wayne? Yes No If No, list previous dates: _____

First time event for Indiana? Yes No If No, list previous locations: _____

Previous grant awarded? Yes No If Yes, list year and amount: _____

Event Budget Attached? Yes No

Event Third-Party Housing? Yes No If Yes, name housing company: _____

Grant Amount Request (up to \$10,000) \$ _____

For highest consideration, please attach a letter of support highlighting how grant funds will be utilized, how event will have a positive impact on the local community, and future opportunities.

Move to page 2

Event Budget

Organization responsible for budget presented: _____

REVENUE

Item	Projected	Explanation
Admissions		
Contributions		
Grants		
Sponsorships		
Rebates		
Other (explain)		
Total Revenue:		

EXPENSES

Item	Projected	Explanation
Travel		
Housing		
Food		
Venue Rental		
Officials		
Awards		
Equipment		
Rentals		
Insurance		
Security		
Labor		
Marketing/Promo		
Admin Costs		
Other (explain)		
Total Expenses:		

Net Profit/Loss:	
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Additional budget explanation if needed (all expenses listed above are approved items that grant funds may be used towards. If there is an expense that is not listed above, please provide item and explanation below – subject to approval):

Applicant Date: _____
Visit Fort Wayne Staff Member: _____

Applicant Agreements

*Please initial to indicate that you agree to the following responsibilities

- __ Complete all sections of the application
- __ Confirm validity of event data provided in the application
- __ Confirm that grant funds are only to be used towards approved expense items
- __ Include a cover letter for highest consideration
- __ Provide recognition to Visit Fort Wayne on signage and marketing materials
- __ Submit all Post Event report documents within 60 days following the event
- __ Provide a room night pick-up report from one of the below options

Check one of the below:

- If first time event for Fort Wayne, provide pick up from previous host city
- If utilizing third-party, provide contact information to Visit Fort Wayne to gather information
- If not first time event for Fort Wayne and contracted through Visit Fort Wayne

*I hereby certify that I understand that the information included in the application is true and correct. I understand that if deadlines and guidelines are not met, grant funds pledged are subject to revocation at the discretion of Visit Fort Wayne.

Applicant Name: _____

Title: _____

Signature: _____

Date: _____

Grant Awarded Y N
Amount _____
Check# _____
Mailed _____