

Tourism Sponsorship Funding Request Evaluation

This form is for *internal evaluation* and funding recommendation to the CVB President and/or TDC.

Legal Name of Company:

Name of Event:

Funding Request: Funded Prior Years: Y N

Event Date(s): If Yes, when & amount:

Event Location (City/Venue):

Has this event been held before: Y N If yes, when?

If yes, provide event history:

Local Hotels &/or other partners being used (e.g. restaurants): Y N If yes, please state:

Total attendees: Total Room Nights:

Out-of-County attendees: EEI Value:

Are there other Sponsors? Y N If yes, who and amount:

If not funded by Broward County, will they still stage the event? Y N

How will this event promote and enhance Broward County's reputation as an attractive destination for tourists?

Additional Information:

Staff Review & Comments:

GFLCVB Recommends Funding: <input type="checkbox"/> Y <input type="checkbox"/> N	Recommended Amount: <input type="text"/>
Included in GFLCVB Budget: <input type="checkbox"/> Y <input type="checkbox"/> N	
If no, request will be sent to TDC meeting dated:	<input type="text"/>
Evaluation Form completed by: <input type="text" value="NEKISHA MOHAN"/>	Date: <input type="text" value="Dat5/17/2023"/>
CEO Sign-off on recommendation: <input type="text"/>	Date: <input type="text"/>