

# 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:**  Y  N      **Recommended Amount:**

**Included in GFLCVB Budget:**     Y  N

**If no, request will be sent to TDC meeting dated:**

**Evaluation Form completed by:**       **Date:**

**CEO Sign-off on recommendation:**       **Date:**