

# 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:

|   |   |
|---|---|
| <b>GFLCVB Recommends Funding:</b> <input type="checkbox"/> Y <input type="checkbox"/> N | <b>Recommended Amount:</b> <input style="width: 150px;" type="text"/> |
| <b>Included in GFLCVB Budget:</b> <input type="checkbox"/> Y <input type="checkbox"/> N |   |
| <b>If no, request will be sent to TDC meeting dated:</b>                                | <input style="width: 150px;" type="text"/>                            |
| <b>Evaluation Form completed by:</b> <input style="width: 150px;" type="text"/>         | <b>Date:</b> <input style="width: 150px;" type="text"/>               |
| <b>CEO Sign-off on recommendation:</b> <input style="width: 150px;" type="text"/>       | <b>Date:</b> <input style="width: 150px;" type="text"/>               |