

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:**