

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:

EEl 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: