

# 2026 Team Indiana Grant Application



## 1. Applicant's Information

Organization Name: \_\_\_\_\_

Non-profit designation: \_\_\_\_\_ Tax ID #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Point of Contact: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

## 2. Grant Sponsor's Information

*The CVB/DMO/Sports Commission representing the host destination is required to sign off on the application as the Grant Sponsor unless they are the applicant.*

Organization Name: \_\_\_\_\_

Non-profit designation: \_\_\_\_\_ Tax ID #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Point of Contact: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

## 3. Funding

Grant Request: \_\_\_\_\_

Please explain how the grant funds will be used:

Funds from Applicant/Sponsor: \_\_\_\_\_

Please explain how these funds will be used:

# 2026 Team Indiana Grant Application

## 4. Event Information

Event Name: \_\_\_\_\_

Event Dates: \_\_\_\_\_ TO \_\_\_\_\_

Host City/Cities: \_\_\_\_\_

Rights Holder/Sanctioning Governing Body: \_\_\_\_\_

Event Director: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Is this event secured through a bid? YES \_\_\_\_\_ NO \_\_\_\_\_

Have the facilities been secured? YES \_\_\_\_\_ NO \_\_\_\_\_

Facilities:

How will room nights be tracked? \_\_\_\_\_

Are rooms contracted? YES \_\_\_\_\_ NO \_\_\_\_\_

Event Summary (describe the format, qualifying criteria, ages, etc.):

## 5. Event History

Previous Location \_\_\_\_\_ Date: \_\_\_\_\_

Total Participants: \_\_\_\_\_ Total Spectators: \_\_\_\_\_ Room Nights: \_\_\_\_\_

Previous Location \_\_\_\_\_ Date: \_\_\_\_\_

Total Participants: \_\_\_\_\_ Total Spectators: \_\_\_\_\_ Room Nights: \_\_\_\_\_

Please list any years this event has been or will be hosted in this community:

Please list other locations and years that this event has been hosted in Indiana:

# 2026 Team Indiana Grant Application

## 6. Economic Impact

*The grid should be completed with daily estimates for room nights, participants, and spectators. Housing dates may differ from the actual event dates due to travel, and set up, tear down. An extended grid is available upon request for events exceeding 7 days.*

Housing Dates							
<b>Room Nights/day</b> rooms in the block/contracted							
<b>Participants/day</b> coaches/ athletes/officials, etc.							
<b>Spectators/day</b>							
<b>Total Daily Attendance</b> participants + spectators							

Total Event Days: \_\_\_\_\_

Total **Contracted** Room Nights: \_\_\_\_\_ Total Room Nights (contracted + other): \_\_\_\_\_

Estimated Attendee Days (total daily participants + spectators): \_\_\_\_\_

% Local Attendees (Attendees that come from within 50 miles): \_\_\_\_\_

Pre-Event Estimated Impact      Direct Impact: \_\_\_\_\_      Total Impact: \_\_\_\_\_

Please explain how this event will have a positive impact on the State, the community, and the relationship between the community and rights holder.

## 7. Recognition

*Describe how you will recognize Team Indiana and the Indiana Destination Development Corporation. Examples include: signage, marketing materials, social media, naming rights, and in-game exposure on video board, PA system, ribbon board, scorer's table.*

Location of signage: \_\_\_\_\_

Other:

# 2026 Team Indiana Grant Application

## 8. Event Budget

Organization responsible for the budget as presented: \_\_\_\_\_

### REVENUE

Item	Projected	Explanation:
Admissions		
Contributions		
Grants		
Sponsorships		
Rebates		
Other (explain)		
Other (explain)		
<b>Total Income:</b>		

### EXPENSES

Item	Projected	Explanation:
Travel		
Housing		
Food		
Rights Fees		
Officials		
Awards		
Equipment		
Rentals		
Insurance		
Security		
Labor		
Marketing/Promo		
Admin Costs		
Other (explain)		
Other (explain)		
Other (explain)		
<b>Total Expenses:</b>		
<b>Net Profit/Loss:</b>		

Additional budget explanations if needed:

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# 2026 Team Indiana Grant Application

## 9. Agreements - Applicant

*\*Please initial to indicate that you agree to the following responsibilities*

- Complete all sections of the application.
- Secure a Grant Sponsor (if applicable).
- Include 1 cover letter from Applicant.
- Submit all Post Event report documents within 60 days following the event
- Give recognition to Team Indiana and IDDC as described in the application.
- Provide examples of Team Indiana/IDDC logo placement during the event.
- Input event data into the Destinations International Event Impact Calculator and provide the completed report post event. Rights Holders must provide the information to their Grant Sponsor to complete this task
- By participating in this grant program, you agree to allow your information to be included in Team Indiana economic impact reporting.

***\*I hereby certify that I have read and understand the Team Indiana Grant Guidelines, Policies and Procedures, and that all information included in the application is true and correct.***

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## 10. Agreements - Grant Sponsor

*\*Please initial to indicate that you agree to the following responsibilities*

- Confirm your support of this event.
- Confirm the validity of the event data projected in the application and reported in the post event report.
- Provide a letter of support for the application.
- Input the post event data into the Destinations International Impact Calculator.

***\*I hereby certify that I have read and understand the Team Indiana Grant Guidelines, Policies and Procedures, and that I support this event and the information in the application.***

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_