

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:

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Funds from Applicant/Sponsor: _____ Please explain how these funds will be used:

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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:

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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							
Room Nights/day rooms in the block/contracted							
Participants/day coaches/ athletes/officials, etc.							
Spectators/day							
Total Daily Attendance 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:

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8. Event Budget

Organization responsible for the budget as presented: _____

REVENUE

Item	Projected	Explanation:
Admissions		
Contributions		
Grants		
Sponsorships		
Rebates		
Other (explain)		
Other (explain)		
Total Income:		

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)		
Total Expenses:		
Net Profit/Loss:		

Additional budget explanations if needed:

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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: _____