

# Sacramento Tourism Marketing District

## Application

ORGANIZATION INFORMATION			
<b>Name of Event/Activity</b>			
<b>Applicant Organization/Entity</b>			
<b>Tax ID#/501(c)#</b>			
<b>Website</b>			
<b>Organization/Entity Address</b>			
<b>Scheduled Date(s)</b>			
<b>Location of Event</b>			
CONTACT INFORMATION			
<b>Contact Name #1</b>		<b>Contact Name #2</b>	
<b>Contact Phone #1</b>		<b>Contact Phone #2</b>	
<b>Contact Email #1</b>		<b>Contact Email #2</b>	
FUNDING REQUEST			
<b>Amount of Funds Requested</b>		<b>Date Funds Needed</b>	
<b>Enter a Full Event Budget</b> <i>If needed, please attach separately.</i>		<b>Budget Usage Summary</b> <i>What will you spend approved funds on? I.e., Social Media Advertising, Tradeshow Travel Costs</i>	
<b>Other Funding Sources</b> <i>Grants, Donations etc.</i>		<b>Estimated Other Funding</b> <i>Amount of money received from other funding sources.</i>	
OVERNIGHT ROOM DEMAND INFORMATION			
<b>Number of Projected Overnight Visitors</b>		<b>Expected Length of Visit</b> <i>(Day/s)</i>	
<b>Has your event contracted with any area hotels for this events room blocks?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which hotels? <hr/>	<b>Has your event contracted with any area hotels for room blocks in the past?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which hotels? <hr/>
<b>Additional notes regarding hotel room blocks</b>			
<i>Visit Sacramento is here to help assist you with overnight guest room needs. Please contact Sarah Atilano, Chief of Strategy and Market Growth at <a href="mailto:satilano@visitsacramento.com">satilano@visitsacramento.com</a> or text/call 916-919-3414.</i>			

**EVENT INFORMATION**

<b>Description &amp; Goal of Event</b>	
<b>Plan overview regarding how you will reach above goals</b>	
<b>Target Market Audience</b>	
<b>Schedule of Events</b>	
<b>How will you track results?</b> <i>Room nights, ticket sales etc.</i>	
<b>Marketing Slogan</b>	
<b>How will this event benefit the City and/or County of Sacramento?</b>	
<b>Benefit to Your Organization</b>	

**Certification:**

*I hereby certify that all information contained in this application is true, accurate and complete to the best of my knowledge and belief. I agree and understand that any false statements, misrepresentations, or omission of fact contained in this application may cause rejection of the application. I further agree to submit Part 2: Post-Event Recap within 60 days of completion of the event/activities.*

<b>Name of Authorized Representative</b>	
<b>Authorized Representative Email</b>	
<b>Date</b>	
<b>Signature</b>	