

Salisbury-Rowan County Convention and Visitors Bureau
REQUEST FOR TOURISM, HOSPITALITY & OVERNIGHT VISITORS SUPPORT FUNDS
(This application must be completed in full in order to be eligible)

Name of Applicant _____

Federal Tax ID # _____

Address _____

Project Director _____ Telephone _____

Fax _____ E-Mail _____

Project Name _____

Date Project to Begin _____

Date Project to End _____

Total Project Budget _____
(Attach detailed budget including marketing efforts)

- Existing event Date of existing event _____
- New event

List any fund provided by Applicant

Sources of Funding for Project: _____ \$ _____
_____ \$ _____
_____ \$ _____

Funds are for (check all that apply):

- Food and beverage expenses
- Lodging expenses (not to include travel agent or 3rd party fees or commision)
- Collaborative tourism marketing partnership
- Entertainment
- Other: _____

Overall Support Requested _____

Detailed Support Requested _____

Does your organization/agency receive any tax funding? Yes No
If so, how much? \$ _____

Source of tax funding: Local State Federal

Does organization receive funding from a Foundation (s): Yes No
If funding is received from Foundation (s), which Foundation (s)?

Is your organization/agency (if applicable): For profit Non-profit

What is your organization/agency annual budget? _____

Narrative Description of Project (Included need assessment/purpose of project, outline of project procedure, intended results of project. Attach additional sheets as necessary.)

Project justifications and benefit to Tourism in Rowan County. _____

Anticipated reach _____

Projected Number of Hotel Room Nights Generated _____

How will this attract new visitors _____

Attach additional sheets detailing any additional comments and/or recommendations or research that support the need for tourism support of project and/or project's merit as a tourism marketing, event or activity in Rowan County, NC.

Please provide a detailed a narrative describing the tourism marketing, event and activity, its merit and value to the destination. Items to consider should include:

1. Describe the project in the context of the organization's purpose and goals.
2. Explain in a clear and concise manner what activities will occur, when and where the project will happen, and how it will grow and increase tourism.
3. Describe the personnel, partners and participants involved in the project.
4. Provide a brief summary of your organization's or individual experience in developing tourism marketing, events and activities in the past. (If applicable)
5. How the project is supported/identified in the Salisbury-Rowan County Tourism Master Plan (please contact the CVB for an electronic copy)
6. Describe what you hope to accomplish through this project and how you will measure the project's success.
 - Number of visitors
 - Number of overnight visitors staying in Rowan County accommodations
 - Economic impact of the marketing, event or activity
 - Target visitor market (i.e. family, arts, sports, etc.)
 - Individuals or organization benefiting from the program
 - Improvements to the local tourism industry
 - Does the marketing, event or activity grow the local tourism industry or are funds requested to support an existing program.
 - Geographic reach
 - Clearly stated goals and objectives

Please provide a detailed financial overview of the program and/or initiative seeking funding.

Has your organization been a past recipient of Tourism Funds? ___ Yes ___ No

If yes, in what amount \$ _____, what year _____, Purpose _____

Signature
(Project Director)

Date

Signature
(Authorized or Administrative Official if applicable)

Date

Return to: Salisbury-Rowan County Convention and Visitors Bureau
204 E. Innes Street, Suite 120
Salisbury, NC 28144