***Please be sure that Section. I (cover page) is complete.***

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| **SECTION I -- Please provide the following information.** |  |
| Full Name of Event:  ­­­ | **Total FY 2021 Request**  $:  ***Date of Event:***  ***Anticipated Total Room Nights:*** |
|
| Name and mailing address of organization: | Phone: |
|
| Fax: |
|
|  |
| Contact Person (knowledgeable about proposal): | Contact Phone: |
|
| Contact Address: | Contact Email Address: |
|  |  |
| Number of ***room nights generated in FY 2019\**** |  |
| FY 2019 TOT funds received from Visit Loudoun / Loudoun County | **$** / **$** |
| Number of ***room nights generated in FY 2020*** |  |
| FY 2020 TOT funds received from Visit Loudoun / Loudoun County | **$** / **$** |
|  |  |
| What percentage of teams will NOT require overnight lodging? |  |
|  |  |
| Organization's TOTAL budget for ***FY 2020*** | **$** |
|  |  |
| ***\*Room Night – TOT Generation Formula:***  ***TOT is 7%; 2% to the state and 5% to the county.***  ***\_\_\_\_\_ Total Room Nights x $100/room x .07 = \_\_\_\_\_\_\_ TOT Generated*** |  |
| **SECTION II -- Please respond fully to the following questions. Attach additional sheets if necessary.** | |
| 1. Please provide a description of the tournament for which you are applying funds: | |
| 1. Tournament dates and planning and implementation schedule: | |
| 1. Who are the tournament competitors? (i.e., national, regional, youth, adult, gender, equine, dog show, etc.) | |
| 1. What is the estimated number of additional people/spectators who may be attending the tournament? | |
| 1. What is the estimated number (percentage) of out-of-***market (90+ miles outside Loudoun County borders)*** teams/competitors? | |
| 1. What measurable tracking method will be used to track overnight visitors? | |
| 1. Please provide an itemized list of how the sports grant award will be utilized. | |
| 1. If your application is for an event, please describe the steps that you have taken to determine if there are Loudoun County lodging rooms available to accommodate the event for participants. What steps have you taken to ensure that your event participants will stay in Loudoun County lodging facilities? | |
| **Questions 9-15 must be completed by those organizations that have received Loudoun County TOT funds, either directly from County Government or thru this process, or any other public funding in the past. Please provide information for the most recently completed event** | |
| 9. Name and date of the event: | |
| 10. Type of event: | |
| 11. Location of event (***please list each facility and number of fields/courts utilized):*** | |
| 12. Number of teams/competitors. Please break down local vs. out-of-***market (90+ miles outside of Loudoun County borders.*** | |
| 13. Number of people/spectators. Please break down local vs. out-of-***market (90+ miles outside of Loudoun County borders).*** | |
| 14. Number of hotel rooms used and list of hotels ***used including total room nights for each property.*** | |
|  | |
| 1. **Additional Information Required:** | |
|  | |
| Is your organization audited each year? If so, please attach a copy of your most recent audit report. | |
| Does your organization have a current year financial report? If so, please attach a copy. | |