**Rowan County Convention and Visitors Bureau**

**REQUEST FOR TOURISM & VISITOR RELATED OVERNIGHT SUPPORT**

This application must be completed in full and returned by the 20th of the month in order to be eligible for review at the current Destination Marketing Committee meeting

**Name of Applicant** Click or tap here to enter text.

**Federal Tax ID #** Click or tap here to enter text.

**Address** Click or tap here to enter text.

**Project Director** Click or tap here to enter text. **Telephone** Click or tap here to enter text. **Email** Click or tap here to enter text.

**Project Name** Click or tap here to enter text.

**Date Project to Begin** Click or tap here to enter text. **Date Project to End** Click or tap here to enter text.

**Total Project Budget** Click or tap here to enter text.

(Attach detailed budget including marketing efforts)

[ ] **Existing Event: Date of Existing Event** Click or tap here to enter text.

[ ] **New Event**

**List of any funds provided by applicant:** ­­­­­­­­­­­­­­­­­­­­­­­­­­­­­Click or tap here to enter text.

|  |  |  |  |
| --- | --- | --- | --- |
| **REQUIREMENT****TOURISM RELATED EVENT ANNUAL ECONOMIC IMPACT OF:** | **Any Tourism Related Event****Minimum Impact at $5,000** | **Non-ticketed Event****Minimum Impact $10,000** | **Ticketed Event****Minimum Impact of $10,000** |
| **ELIGIBLE FOR:****AND/OR at the discretion of the committee** | Up to $500 in hospitality (food, beverage and venue) | Up to $1,000 in hospitality (food, beverage and venue) | Up to $1,000 in hospitality (food, beverage and venue) |
|  | Up to $500 in lodging support | Up to $1,000 in lodging support | Up to $1,000 in lodging support |
|  | Up to $500 in overnight incentive package support | Up to $1,000 in overnight incentive package support | Up to $1,000 in overnight incentive package support |

**General Support Funds Requested (Check all that apply):**

 [ ] Lodging Expenses (not to include travel agent or 3rd party fees)

 [ ] Collaborative tourism marketing partnership

**Detail Support Requested:** Click or tap here to enter text.

**Does your organization/ agency receive any tax funding?** [ ] Yes [ ] No If so, how much $Click or tap here to enter text.

**Source of tax funding?** [ ] Local [ ] State [ ] Federal

**Does your organization receive funding from a foundation(s):** [ ] For profit [ ] Non-profit

 If funding is received from a foundation(s), which foundation(s): Click or tap here to enter text.

**What is your organization/agency’s annual budget?** Click or tap here to enter text.

**Narrative Description of Project:** (Include need assessment/ purpose of project, outline of project procedure, intended results of project. Attached additional sheets as necessary.) Click or tap here to enter text.

**Project justifications and benefit to Tourism in Rowan County:** Click or tap here to enter text.

**Anticipated reach:** Click or tap here to enter text.

**Projected Number of Hotel Room Nights Generated:** Click or tap here to enter text.

**How will this attract new visitors?** Click or tap here to enter text.

**Attach additional sheets detailing any additional comments or research that support the need for tourism support of project and/or project’s merit as a tourism event in Rowan County.**

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

1. Describe the project in 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, partner and participants involved in the project.
4. If applicable, provide a brief summary of your organization’s or individual experience in developing tourism marketing, events and activities in the past.
5. How the project is supported/ identified in the 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.
	1. Number of visitors
	2. Number of overnight visitors staying in Rowan County lodging facilities
	3. Economic impact of the event or activity
	4. Target visitor market (i.e. family, arts, sports, etc.…)
	5. Individuals or organization benefiting from the program
	6. Improvements to the local tourism industry
	7. Does the event or activity grow the local tourism industry or are funds requested to support an existing program
	8. Geographic reach
	9. 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 $**Click or tap here to enter text. **, what year:** Click or tap here to enter text. **, purpose:** Click or tap here to enter text.

Click or tap here to enter text.Click or tap here to enter text.

**Signature Date**

**(Project Director)**

Click or tap here to enter text.Click or tap here to enter text.

**Signature Date**

**(Authorized or Administrative Official, if applicable)**