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**REQUEST FOR TOURISM, VISITOR, OVERNIGHT & HOSPITALITY RELATED SPONSORSHIP**

**Organization Name:** 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. **Phone:** Click or tap here to enter text.

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

**Project Name:** Click or tap here to enter text. **New Event Existing Event:**

**Date of last event:** Click or tap here to enter text.

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

**Organization’s Annual Budget:** Click or tap here to enter text.

**Total Project/Event Budget:** Click or tap here to enter text. ***(\*Provide a detailed budget and funds provided by applicant, including marketing and advertisement efforts)***

**Narrative Description of Event/Project: *(\*Include: organizations purpose/goals for the event, what activities will occur, timeline of activities, partners involved in project/event, targeted audience of the event/project)*** Click or tap here to enter text.

**Event/Project Justification & Benefit to Tourism in Rowan County:** Click or tap here to enter text.

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

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

**Describe marketing efforts that will be facilitated to promote event:** Click or tap here to enter text.

**Has your organization received previous Tourism funds? Yes, Amount:** Click or tap here to enter text. **No**

**Does your organization receive tax funding? Yes, Amount:** Click or tap here to enter text. **No  
Tax Funding Source: Local State Federal**

**Does your organization receive funding from a foundation(s): Yes  No**

**Foundation Name:** Click or tap here to enter text. **For profit  Non-Profit**

|  |  |  |  |
| --- | --- | --- | --- |
| **REQUIREMENT** | **ANY TOURISM RELATED EVENT** | **NON-TICKETED EVENT** | **TICKETED EVENT** |
| ***Tourism Related Event Annual Economic Impact:*** | ***Minimum Impact of $5,000*** | ***Minimum Impact of $10,000*** | ***Minimum Impact of $10,000*** |
|  |  |  |  |
| ***Eligible for: (and/or)*** | *Up to $500 in hospitality support (food, beverage & venue)* | *Up to $1,000 in hospitality support (food, beverage & venue)* | *Up to $1,000 in hospitality support (food, beverage & venue)* |
|  | *Up to $500 lodging support* | *Up to $1,000 lodging support* | *Up to $1,000 lodging support* |
|  | *Overnight incentive package support established by Tourism staff* | *Overnight incentive package support established by Tourism staff* | *Overnight incentive package support established by Tourism staff* |

**Type of Support Funds Requested:** (check all that apply)

Loding Expenses  Hospitality  Overnight Stay Package/Collaborative Tourism Partnership

**Provide Exact Detail of the Support Requested:** Click or tap here to enter text.

**If requesting lodging, please provide the number of hotel rooms, check-in/check-out date for each room and room type (queen-queen or king) for each room:** Click or tap here to enter text.

**If requesting hospitality, please provide detailed information, including type of hospitality, costs, and who will be providing the hospitality:** Click or tap here to enter text.

**(\*Additional sheets may be attached to provide added detail on any application questions. Complete all information as applicable.)**

***\*Partnership Conditions:*** *If requested sponsorship is approved and granted by Rowan County Tourism, the requesting partner must agree to fulfill the following conditions:   
▪Rowan County Tourism is recognized as a sponsor and logo is presented on event materials  
▪Rowan County Tourism local hotel booking engine is placed or linked on the requesting partners website   
▪Partner must provide Rowan County Tourism with event follow-up information, including event attendance and room nights associated with the event no later than 2 weeks after the event  
(Rowan County Tourism staff will assist the partner with fulfilling the necessary conditions.)*  **AGREE**

Click or tap here to enter text. Click or tap here to enter text. ***Project Director Signature*** ***Date***