



Jackson County Tourist Development Council Visitor Enhancement Grant Application

Submit 10 copies of completed form (print online) to the TDC Office 5 months before the event.

Business/Organization Name: _____

Contact Person: _____ Title: _____

Street Address: _____ City/State/Zip: _____

Phone: _____ Mobile: _____

E-Mail: _____ Fax: _____

Organization Web Address: _____

EVENT INFORMATION:

Event Name: _____

Event Date Start: _____ Event End Date: _____

Event Location (include all locations event will occur): _____

Has location been reserved? Y/N _____ If not, conformation date. _____

Event Description: _____

Amount of Funding Requested? _____

Have you received Funding from the JCTDC? _____

If yes, what was the amount and when it was received? _____

How many times have you received funding from the JCTDC for this event? _____

1. Explain the resources/support you have in place to ensure that this event will successfully attract visitors to Jackson County: _____

Brief Description of advertising/marketing expenses	Quantities	@ Unit cost	= Total
		Total:	

2. Describe how the proposed advertising and marketing investments will increase awareness of Jackson County as a tourist destination. Please provide at least one example: _____

3. Describe how the proposed advertising and marketing investments will generate tourist traffic (specifically one or more overnight stay) to Jackson County. Please provide at least one example:

Visitor Enhancement Grant Special Event/Project Scope of Work:

(attach additional pages if needed)

Event/Project Name: _____

1. State goals and objectives for the special event/project: _____

2. Describe how this event/project meets its objectives: _____

3. Describe how the use of Tourism Enhancement Grants funds will be monitored: _____

4. Describe the distribution plan for any promotional materials, if applicable: _____

5. Describe how profits made, if any, from the event/project will be distributed, or used for future events:

6. How many room nights do you estimate will be generated from this even/project? _____

7. Of the estimated room nights above, how many will be paid and how many will be complimentary room nights? _____

8. If you have selected a host hotel or entered into a contract for a block of rooms, name the hotel(s) as well as any other verifiable lodging; e.g., campgrounds and RV parks: _____

9. Other information: (optional) _____

