



Jackson County Tourist Development Council Funding Request

I. ORGANIZATION INFORMATION

Organization Name: _____

Organization Contact Person: _____

Contact Person Title: _____ Phone: _____

Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Organization Web Address: _____

Type of Organization: ___ Non-Profit ___ Private ___ Other: _____

State Registered: _____ Tax ID: _____

FOR OFFICE USE ONLY

Date Received: _____

TDC 1: _____

TDC 2: _____

TDC 3: _____

BOCC: _____

Amount Awarded: _____

Email Notification Sent: _____

Final Evaluation Due Date (45 Days After Event): _____

Final Evaluation Received: _____

TDC Staff Initials: _____ Close Date: _____

Funding Status:

Awarded

Denied

Funding Source:

833 – Sponsorships

834 – Grants

Other: _____

II. EVENT INFORMATION

Event Name: _____

Event Date(s): _____

Owner/Sanctioned Body: _____

Owner Contact Name: _____ Phone: _____

Director(s) Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Event Description:

Event Location/Facilities: _____

Location/Facilities Reserved: Yes No

Location/Facilities Contact: _____ Phone: _____

III. FUNDING

Amount of Funding Requested: _____

Have you previously received funding from JCTDC: Yes No

If yes, please provide the amount and when it was received:

Year	Amount Funded

Brief Description of Expenses	Unit Cost	Quantity	Total
Total:			

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

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

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

IV. SCOPE OF WORK

State goals and objectives for the event:

Describe how this event meets its goals and objectives:

Describe how the use of Tourism Enhancement funds will be monitored:

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

Describe how any profits made from the event will be distributed or used for future events:

Other information (optional):

V. ECONOMIC IMPACT PROJECTION

Total expected participants including vendors, competitors, coaches, officials, etc.

Adult: Local: _____ In State: _____ Out of State: _____

Youth: Local: _____ In State: _____ Out of State: _____

Total expected spectators and attendees

Adult: Local: _____ In State: _____ Out of State: _____

Youth: Local: _____ In State: _____ Out of State: _____

Has a host hotel or campground been identified for a group block? If yes, please identify the hotel(s) and/or campground(s): _____

Projected length of stay for event: _____

Total Room Nights

Number of Rooms: _____ x Number of Nights: _____ = A: _____

Total Room Nights (A): _____ x Average Room Rate: _____ = B: _____

Total Campground/RV Park Nights

Number of Lots: _____ x Number of Nights: _____ = C: _____

Total Lot Nights (C): _____ x Average Lot Rate: _____ = D: _____

Total Transient Lodging Impact

Total Hotel Impact (B) _____ + Total Camping Impact (D) _____ = _____

Other Estimated Expenses by Participants and Attendees

Fuel: _____ Retail: _____ Dining: _____ Entertainment: _____

Total Anticipated Economic Impact

(Total Transient Lodging Impact + Fuel + Retail + Dining + Entertainment) =

VI. COMMUNITY SUPPORT

Please list any in-kind support such as donated facilities, municipal or county services, volunteers, and support from the community committed to this event:

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Please list any local business support secured for the event, including sponsorships:

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Please list any other sponsorships secured for the event:

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