



Event Grant Application 2017

APPLICANT INFORMATION	Applicant (Legal Name or Organization)		

	Address (Street or PO Box)		

	City	State	Zip
	_____	_____	_____
Name of Director of Program/Event		Date of Event	
_____		_____	
Telephone	Fax		
_____	_____		
Event Website	Email Address		
_____	_____		

EVENT	Title of Event _____
	Total Estimated Attendance _____
	Total Estimated Visitor Attendance _____ (those attending from outside 50-miles)
	TOTAL GRANT AMOUNT REQUESTED \$ _____ (MAXIMUM AMOUNT THAT CAN BE REQUESTED IS \$3,000)

CERTIFICATION		
We, the undersigned, certify that the information contained in this application and in all attachments is true and correct to the best of our knowledge.		
Director of Program (print name)	Signature	Date
_____	_____	_____

Funding Application – page 2

1. Provide a comprehensive description of your Event including goals and objectives and why you think it will attract visitors to the Holland area. Use additional paper if necessary.
2. What is your targeted market and demographic of your expected visitors?
3. Is this a new event? If no, describe the Event History and results from up to three previous years? Note #14 Rules & Regulations.
4. Is the event for profit or non-profit? Will the organizers receive any compensation?
5. Describe your marketing plan. Specifically provide details on how you will draw outside visitors and overnight guests.

6. Proposed Expenditures. List specifically how the CVB funds will be used. It is important to list all possible items the grants may be used for. Expenditures not identified in the applications process and at the time of approval cannot be added at a later date.

Proposed Expenditures *

Description of Expenditures	ALLOCATED EXPENSES		
	CVB Grant Expense	Other Expenses	Total
Total Budget:	\$	\$	\$

** Subject to Grant Committee approval.*

7. Estimated Income. Please list all sources (including fundraisers) from which income is expected.

Income Source	CVB Grant	Monetary	In-Kind	Total
Total Income:	\$	\$	\$	\$

8. Please list below your Planning Committee, including name, position, business address, phone, fax, and email.

Please return your completed application to:
 Holland Area Convention and Visitors Bureau
 Attention: Linda Hart
 78 E. 8th Street
 Holland, Michigan 49423

Office Use Only:
 Date Received: _____
 Date Reviewed: _____
 Amount Requested: _____
 Amount Granted: _____