

**Darke County Visitors Bureau  
2018 Tourism Grants Program  
APPLICATION FOR FUNDING**

The following criteria will be used to select organizations to receive funding for use in promoting their event:

• <b>NEW Event or Initiative (If YES, 10 points; If NO, 0 points)</b>	<b>10 Points</b>
• <b>Promotion of overnight stays/collaboration with other organizations</b>	<b>25 Points</b>
• <b>Community impact of event (\$1,000 grant only)</b>	<b>25 points</b>
• <b>Clearly-defined marketing strategy for promoting event</b>	<b>20 points</b>
• <b>Relevant support materials included in application (limit of 3)</b>	<b>15 points</b>
• <b>Budget included in application</b>	<b>5 points</b>
<b>Total</b>	<b>100 points (\$1,000 grants)</b>
	<b>75 points (\$500 grants)</b>

Please use the following checklist to confirm the submission of a complete application.

- \_\_\_\_\_ Application is typed, or neatly written
- \_\_\_\_\_ Event and organization information is included
- \_\_\_\_\_ Detailed description of event, marketing efforts, and economic impact breakdown
- \_\_\_\_\_ Budget of event is included
- \_\_\_\_\_ List of board members is included
- \_\_\_\_\_ Examples of flyers, advertisements, promotional pieces or other support materials (up to three) are included

Please mail or deliver completed grant application and supporting materials by **February 28, 2018** to:

**Tourism Grants Program  
Darke County Visitors Bureau  
421 S. Broadway  
Greenville, Ohio 45331**

Successful applicants will receive grant funding upon completion and submission of a Final Report **within 30 days following the event.**

**EVENT AND ORGANIZATION INFORMATION**

Name of special event or program: \_\_\_\_\_

Date of special event or program: \_\_\_\_\_

Name of Organization applying for grant: \_\_\_\_\_

Contact Person / Title: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Website: \_\_\_\_\_

Federal Tax ID#: \_\_\_\_\_

Please attach a list of the board of trustees (directors) for the applying organization, if applicable.

Which grant amount are you applying for?       \$1,000       \$500

**DESCRIPTION OF EVENT**

Briefly describe the event: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Location of the event: \_\_\_\_\_

\_\_\_\_\_

Is this a NEW event? \_\_\_\_\_

If a previous applicant, what has been expanded and/or added this event this year that may attract additional visitors, participants, or vendors: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What is the estimated number of visitors to your event for this year? \_\_\_\_\_

What is the estimated number of visitors from outside Darke County? \_\_\_\_\_

What is the estimated number of visitors that will stay in local lodging properties? \_\_\_\_\_

How will you measure the number of overnights? \_\_\_\_\_

Detail your collaboration with other events/organizations (if any) to galvanize overnight stays.

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What marketing methods/strategies will you be utilizing, and what demographics are you targeting?

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What are the community impacts of your event (cultural, economic, etc)? (Be specific; **\$1,000 grant applicants only**)

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Use this space to include other information about your event that would assist the committee in making their decision.

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**BUDGET**

**INCOME**

Sources

Amount

<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
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**EXPENSES**

Purpose

Amount

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

If profits remain after event, how are they used? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of person completing the application: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone number: \_\_\_\_\_ Date: \_\_\_\_\_

Board Officer's Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone number: \_\_\_\_\_ Date: \_\_\_\_\_