



Sponsorship

1% Tourism Grant Application

Application Rules:

- All applications must be typed. **Handwritten applications will not be accepted.**
- Do not skip any questions. Provide complete information for each question.
- Included any supporting materials with application (pictures, payouts, background info).
- Applications will be evaluated on applicant's ability to provide the most complete and appealing information. If you have any questions, please contact Lynn Collins or Ben Wilder at 828-944-0761.

1. Applicant Name (Organization):
2. For Profit or Not For Profit Organization (check one): For Profit Not For Profit
3. Name of Event/Project:
4. ZIP Code for Event/Project:
5. Date(s) of Event/Project:
6. Website (if applicable):
7. Event/Project Location:
8. Mailing Address:
9. Contact Person:
10. Telephone Numbers: Office: Cell:
11. Email Address:
12. Grant Amount Requested:

13. Overview of Event/Project:

14. How many people do you expect to attend your event/project? Please include total attendance and daily attendance projections.

15. Is this an existing Event/Project? Describe how long has Event/Project occurred, has it changed over time? Are there any major changes to Event/Project associated with this grant application?

16. Is this a new Event/Project? Describe how it will become self-sustaining over time? How often will it happen? Do you plan to apply again for HCTDA funds in the future for this Event/Project?

17. How will this Event/Project impact business in Haywood County and why?

18. How will this Event/Project benefit Haywood County residents?

19. Describe your marketing plans. Will there be a social media presence, any paid ads, collateral or media partners? How do you plan to reach people outside of Western North Carolina?

20. What is your target market for this event? What destination(s) outside of Western North Carolina do you expect to attend and why?

21. What other funding source(s) are there for this Event/Project? Do you plan to sell tickets or registrations? Are there other sponsors already committed?

22. A budget is required by all applicants. Please fill out the fields below. If more space is needed, please submit a detailed budget as an attachment. Note that a minimum of 25% of the Event/Project budget must be provided through other funding sources. The HCTDA cannot be your sole provider of funds. In kind donations do not apply.

Income

Expenses

TDA Grant Requested:

Operational:

Sponsorships:

Marketing/Advertising:

Tickets Sales/Registrations:

Total Expenses:

Other Income:

Total Income:

Net Income:

Please sign below the following statements, acknowledging that you understand and agree to them and all contained within the application:

Indemnity:

Grantee agrees, to the fullest extent permitted by law, to defend, indemnify, and hold harmless HCTDA, its officers, directors, affiliates, employees, volunteers, and agents, from and against any and all claims, liabilities, losses and expenses (including reasonable attorney's fees) directly, indirectly, wholly or partially arising from or in connection with any act or omission of Grantee, its employees or agents, in applying for or accepting the grant, in expending or applying Grant funds or in carrying out the festival/event as set forth in the proposal.

Sole Discretion:

All elements of the HCTDA Tourism Grant Program are managed at the sole discretion of the HCTDA, including the application review process and all subsequent funding decisions. Grant awards within this program are made by the HCTDA and are not subject to external oversight or approval.

Terms of Agreement:

I hereby acknowledge that I have reviewed and understand the terms of the agreement.

Completed Application:

I hereby acknowledge that I have completed this application in good faith, confidence, and counsel, and have done so in full compliance with the law. I have made no attempt to falsify or misconstrue facts or data anywhere in this application.

Submission Information:

To be considered for grant funding, a completed application should be provided to the below address or digitally to: lynn@visitncsmokies.com

Applicant Signature:

Date:

Applicant Printed Name: