

APPLICATION FOR SPECIAL EVENTS
ADVERTISING & MARKETING GRANT

ORGANIZATION NAME: _____

CONTACT PERSON: _____ PHONE: _____

ALTERNATE CONTACT PERSON: _____ PHONE: _____

FAX: _____ Email: _____

MAILING ADDRESS: _____

What best describes your organization: _____ 501c3 _____ For-profit organization
_____ Non-profit organization (registered with the Wyoming Secretary of State)
_____ Other – Explain: _____

PROJECT TITLE: _____

START DATE: _____ END DATE: _____

AMOUNT REQUESTED: \$ _____

ESTIMATED NUMBER OF OUT-OF-COUNTY PEOPLE ATTENDING EVENT _____

ESTIMATED NUMBER OF PEOPLE REQUIRING LODGING _____

IS THIS PROJECT RELATED TO AN _____ EVENT (Complete Items 1-11)

OR _____ NON-EVENT (Complete Items 2-4 & 7-12)

1. Provide a brief but concise overview of project.

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2. Describe the targeted participants/attendees of the project?

3. Reasons/Goals/Objectives of the project:

4. Describe how the project will enhance or benefit tourism in Converse County:

5. Describe management of the project:

6. Describe your organization's capacity to complete the project:

7. Explain the promotional value of the project:

8. Explain the project's compatibility with other known projects:

9. Explain cooperative efforts with other organizations which could benefit from the project.

10. Is this a new project? _____ Yes _____ No

If a repeated project, what improvements and changes have been made from previous projects and why were they made?

BUDGET FOR REQUESTED FUNDS

TO BE COMPLETED BY APPLICANT					TO BE COMPLETED BY BOARD		
Example	DESCRIPTION	TOTAL CASH COST	AMOUNT REQUESTED FROM CCTPB	% OF ITEM COST	MAXIMUM GRANT AMOUNT APPROVED	% OF AMOUNT REQ.	ACTUAL AMOUNT AND DATE PAID BY CCTPB
A.							
B.							
C.							
D.							
E.							
F.							
G.							
TOTALS							

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The following documents must be on file with the Converse County Tourism Promotion Board. The documents should be updated as necessary.

_____ List of Officers and Board Members if applicable

_____ Articles of Organization, IRS tax status if applicable

With regard to this application, the following documentation must be presented:

_____ Signed and dated application form

_____ Schedule of advertising or other products being purchased with the grant money

_____ Two competitive bids for the print project(s)

_____ Mockup, layout, design and/or script of the proposed project(s)

_____ Draft, unsigned contract relating to any and all services, or projects that are a part of this grant request

Can your organization present a final report and request for payment within 90 days after the completion of the event? _____ Yes _____ No

If no, explain:

Signature of person responsible for providing this information: _____

Signature of event manager: _____

(Signature indicates you have read the Guidelines and understand the responsibility for providing recognition to the Converse County Tourism and Promotion Board on these projects for which we provide funds)

Date Received: _____

Date Approved/Disapproved _____

Project Coding

Fund _____	Amount _____
Fund _____	Amount _____
Fund _____	Amount _____
Fund _____	Amount _____

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FINAL PROJECT REPORT & EVALUATION FORM – MARKETING GRANT
CONVERSE COUNTY TOURISM PROMOTION BOARD

(To be filled out and returned within 90 days of completion of project or funds may be released)

ORGANIZATION: _____

PROJECT START DATE: _____ PROJECT END DATE: _____

NO. OF OUT OF CONVERSE COUNTY PARTICIPANTS PROJECTED: _____

ACTUAL: _____

The following must be presented with this report/request for payment form:

_____ Final Project Report and Evaluation Form

_____ Copy of checks written OR Copy of bank statement(s) with project payments highlighted

_____ OR Copies of all invoices

_____ Summary of event detailing the operation and evaluation of the project including in-state and/or out-of-state attendance, attendance compared to previous years, et .

_____ Copies of all actual advertising (tear sheets, play lists, etc.)

_____ Distribution plan for literature and a copy of completed publication

_____ Other documents as may be requested by the CCTPB to ascertain how the project funds were expended

I certify under penalty of perjury, that invoices and the items included herein for payment are correct and just in all respects.

Signature of Project Coordinator: _____ Date: _____

Voucher # _____

FINAL REPORT

LINE ITEM	DESCRIPTION	COST (ATTACH COPY OF INVOICES)	AMOUNT APPROVED BY CCTPB	BOARD IDENT. USED (Y/N)	COPY OF CHECK FRONT	COPY OF AD BROCHURE ETC. ATTACHED
A.						
B.						
C.						
D.						
E.						
F.						
G.						
TOTALS						