Established Event Developer Grant Application

1. Applying Event Developer/Organization _____

2. Project Director _____

3. Contact Information _____

                                       _____

                                       _____

4. Phone (_____) _____   Fax (_____) _____

5. Email _____

6. Amount of Grant Request (per year) $_____

7. Description of event(s) to receive funding from this grant. Description must include purpose, outline, needs assessment and intended results. Attach additional sheets if necessary.

_____

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_____

8. Describe, specifically, how the grant dollars will be spent and provide a rationale for utilizing the grant dollars in this way. Attach additional pages as needed.

EXPENSE TYPE   RATIONALE   AMOUNT

_____   _____ $_____

_____   _____ $_____

_____   _____ $_____

_____   _____ $_____

_____   _____ $_____

_____   _____ $_____

9. Annual Budget for Event Developer/Organization $ _____ (include anticipated revenue by source and amount, expenditures, personnel costs, allocations to charitable organizations, and projected net income)

10. Project Budget per Event $_____(attach additional sheets if necessary)

        Funds provided by applicant $_____

        Requested grant funds $_____

        Other sources of project funding

        _____ Amount $ _____

        _____ Amount $ _____

        _____ Amount $ _____

        Expenditures

        _____ Amount $ _____

        _____ Amount $ _____

        _____ Amount $ _____

11. Please describe how and to what extent the Event Developer will grow the event(s) over the next three (3) years, OR provide a description of the new event the Organization/Agency will create over the next three (3) years. Growth should be expressed as a percentage (%); new event attendance should be estimated:

_____

_____

_____

12. Does the Event Developer receive any tax funding?   Yes   No

     If yes, how much? $_____

13. Does the Event Developer receive funding from a foundation(s)?   Yes   No

     If yes, how much? $_____

14. Projected annual economic impact in Dare County? $_____

15. Estimated number of room nights used for the event(s): _____

16. Estimated number of out of market overnight visitors: _____

17. Anticipated impact on accommodations: _____

_____

18. Please describe how the Event Developer will quantify the number of out-of-market visitors at the event(s):_____

_____

19. Name and Address to Appear on Reimbursement Check:

        _____

     _____

     _____

20. Is proof of non-profit status attached (must be a **final** determination from the Internal Revenue Service)

          Yes   No

I certify that the above information is true and correct to the best of my knowledge

_____   _____

Signature of Project Director   Date

Return completed application to:

Grants Administrator
Outer Banks Visitors Bureau
One Visitors Center Circle
Manteo, NC 27954