



DATE OF REQUEST: _____ AMOUNT REQUESTED: \$ _____

PERCENT OF TOTAL BUDGET REQUESTED: _____ %

NAME OF EVENT: _____

LOCATION OF EVENT (specify): _____

DATE(S) OF EVENT: _____

NAME OF APPLICANT: _____

ADDRESS OF APPLICANT: _____

PRIMARY REPRESENTATIVE: _____

REPRESENTATIVE'S EMAIL ADDRESS: _____

REPRESENTATIVE'S PRIMARY PHONE: _____ SECONDARY: _____

PLEASE ATTACH PROJECTED BUDGET W/ ALLOCATION OF REQUESTED FUNDS

EVENT OR **GENERAL MARKETING** (circle one)

PLEASE PROVIDE BRIEF INFORMATION ABOUT THE NATURE AND PHILOSOPHY OF YOUR EVENT OR MARKETING:

IS THE APPLICANT AN ESTABLISHED AND PROVEN MARKETING ENTITY OR WORKING WITH AN ESTABLISHED ENTITY WITHIN THE COUNTY FORMED FOR THE PURPOSE OF ADVERTISING AND MARKETING TOURISM THROUGHOUT THE RIO GRANDE COUNTY AREA?

PLEASE STATE THE GENERAL NATURE AND PURPOSE OF THE APPLICANT'S PLANNED MARKETING AND ADVERTISING OF TOURISM: (100 words or less)

WILL THIS MARKETING OR EVENT ENCOURAGE TOURISM IN RIO GRANDE COUNTY DURING THE OFF-SEASON OR SHOULDER SEASON? EXPLAIN:

WILL THIS EVENT PROMOTE THE UNIQUENESS OF RIO GRANDE COUNTY AS A TOURIST DESTINATION IN COLORADO? EXPLAIN:

IS THIS A NEW EVENT OR A MARKETING PLAN? IF NOT, HOW LONG HAS IT BEEN ACTIVE?



PREVIOUS FUNDING

YEAR _____ \$ _____ YEAR _____ \$ _____ YEAR _____ \$ _____

IS THE APPLICANT A **PUBLIC** OR **NON-PROFIT** ENTITY? (circle one)

IF APPLYING FOR GENERAL MARKETING FUNDS, DOES YOUR MARKETING PLAN ALLOW FOR OTHER TOURIST-RELATED BUSSESSSES AND ENTITIES TO PARTICIPATE IN ANY WAY IN THEIR MARKETING AND ADVERTISING OR EVENTS?

IF APPLYING FOR EVENT FUNDING, IS THE EVENT HELD WITHIN THE MUNICIPALITY OF MONTE VISTA AND IS IT OPEN TO OR AVAILABLE TO THE GENERAL PUBLIC?

DOES YOUR MARKETING PLAN OR EVENT BUDGET LEVERAGE LODGING TAX DOLLARS BY USE OF MATCHING FUNDS? (please detail your matching fund sources)

SIGNATURE OF APPLICANT OR REPRESENTATIVE OR CHAIRMAN OF THE APPLICANT ORGANIZATION:

SIGN **X** _____

PRINT **X** _____

COPIES OF INVOICES, PAYMENT VOUCHERS, TEAR SHEETS, AD COPIES, ETC. ARE REQUIRED TO BE RETURNED WITH THE COMPLETED "FOLLOW UP REPORT" WITHIN 60 DAYS AFTER THE EVENT

*COMMITTEE MEETINGS ARE HELD THE 1ST MONDAY OF EACH MONTH.
APPLICATIONS/FOLLOW-UP REPORTS MUST BE RECEIVED A MINIMUM OF 5 DAYS PRIOR TO THE MEETING. APPLICANTS ARE WELCOME TO ATTEND OUR MEETINGS & PRESENT A SHORT 5-MINUTE OVERVIEW.*

() Approved () Disapproved AMOUNT \$ _____ DATE _____