

MDA Visit Mississippi
Tourism Development Grant Application

FY2017

July 1, 2016-June 30, 2017

Name of Applicant Organization: _____

If grant is awarded an employer tax identification number must be supplied.

Mailing Address: _____

Street or P.O. Box

City County State Zip

Contact Name: _____ Signature: _____

Telephone: _____ Fax: _____

Email: _____

Event Name (if applicable): _____

Event Date(s) (if applicable): _____

Number of year's event has been held (if applicable): _____

Last year's attendance (if applicable): _____

Amount Requested for FY17 \$ _____

Local Funds Provided \$ _____

All Other Funding Sources \$ _____

Total Project Budget \$ _____

Number of jobs anticipated part-time _____

Number of jobs anticipated full-time _____

1. Please provide a brief description of the tourism event or attraction (include location and primary activities) 25 word maximum:

