

MDA Visit Mississippi
Tourism Development Grant Application

FY2019

July 1, 2018-June 30, 2019

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 held prior to July 1, 2018 (if applicable):

Last year's attendance (if applicable):

Did organization receive a FY18 Tourism Development Grant (July 2017-June 2018): *Yes* *No*

Category 1) up to \$5,000 Category 2) \$6,000-\$10,000

Amount Requested for FY19 \$

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 and the target market/audience (include location and primary activities) 40 word maximum:**

2. **Please provide an estimated direct economic impact of the event (for example overnight visitation, anticipated increase in restaurant sales):**

3. **Does this event demonstrate collaboration between more than one city, community, county, region, Convention and Visitors Bureau, or Chamber of Commerce? (Yes, No) If yes, please list the communities, counties, and organizations participating in event and their respective roles. Preference will be given to event that creates regional partnerships/collaborations:** *Yes* *No*

4. **How will the event compliment current marketing efforts of Visit Mississippi (Please visit our Facebook page):**

Media Breakout Form must be completed and submitted with application.