

MDA Visit Mississippi
Tourism Development Grant Application

FY20
July 1, 2019-June 30, 2020

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: _____

Event Date(s): _____

Number of years event held prior to July 1, 2019 (if applicable): _____

Last year's attendance (if applicable): _____

Did organization receive a FY19 Tourism Development Grant (July 2018-June 2019) _____

FY20 Tourism Development Grant - Two submissions per organization. Only one category per application (organization cannot have two applications in the same category)

Please select a category for this application:

Category 1) up to \$5,000 _____

Category 2) \$6,000 to \$10,000 _____

Amount Requested for FY20 \$ _____

Local Funds Provided \$ _____

All Other Funding Sources \$ _____

Total Project Budget \$ _____

Number of part-time jobs anticipated _____

Number of full-time jobs anticipated _____

