

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 \_\_\_\_\_

