



TRAVEL & TOURISM
BUREAU

FOR OFFICE USE ONLY	
Awarded ____	Denied ____
Amount Awarded	

2024 TOURISM ASSISTANCE GRANT APPLICATION

Organization Name: _____

Address: _____

City, State, Zip: _____

Contact Person/Title: _____

Phone: _____ Email: _____

Website: _____

Is your organization a non-profit or government entity? Please include your 501(c)3 or FEIN #: _____

What is the purpose of the organization/mission statement?

Briefly describe your event/project and how it impacts the community:

Grant amount requested? _____ **Total project cost?** _____

What is the estimated number of visitors for your event? _____

What is the estimated number of visitors outside of Fayette County? _____

What is the estimated number of visitors that will stay overnight at a local hotel in Fayette County?

How will you advertise Fayette County Travel & Tourism Bureau's support of your project/event?

Please list any other fundraising projects carried out by your organization:

Describe specifically how Fayette County Travel & Tourism Bureau funds will be utilized:

Use this space to include any other information that you feel would be useful:

Please use the following checklist to confirm the submission of a complete application.

Application is typed, or neatly written

List of board members is included

Examples of past flyers, promotional pieces or other support materials is included

Grant guidelines have been reviewed

The undersigned certifies that the board of directors of the above organization has approved this application, and that all information within is accurate.

Signature and Title

Date



2024 Tourism Assistance Grant Budget Form

Project Name:	
Expected Income:	Amount
Donations/Sponsorships	\$
Ticket Sales	\$
Vendor Fees	\$
Other (please specify)	
	\$
	\$
	\$
	\$
	\$
	\$
Total Income:	\$
Expected Expenses:	Amount
Marketing/Advertising	\$
Supplies	\$
Other (please specify)	
	\$
	\$
	\$
	\$
	\$
	\$
Total Expenses:	\$
Expected Profit:	\$