Stanton Tourism and Convention Commission Sponsorship Application

# APPLICANT INFORMATION

 *(If you prefer, you may submit this application as a Word document or a PDF.)*

**IRS Status: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Applicant (Legal name of Organization):**

**Address:**

**City: State: Zip Code:**

**Contact Name for Organization:**

**Contact Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of Program/Event:**

**Event/Attraction Website:**

**Name of Event or Attraction:**

**Total Estimated Attendance:**

**Total Amount $$ Requested:**

**Print Advertising Amount: Radio Advertising Amount:**

**Digital Advertising Amount: Brochures/Fliers Amount:**

**Other $:**

# ADDITIONAL INFORMATION

# *(You may submit your responses on an attached document)*

1. Please give a history of your organization/program or event/attraction including the date founded and its mission statement and goals.
2. Discuss the demographics of your event/attraction’s visitors. Discuss the percentage of visitors who visit from outside the county. How have you historically tracked demographic information?
3. Please provide your specific marketing plans for purchasing advertising and promotional materials. Include specific media, ad sizes, frequency of ad placements, costs, and targeted markets. Please describe any other sources of funding for your project such as fundraisers or Sponsorships from other entities. List the specific sources of funding and amounts you expect to receive from each.
4. What was the total budget of the project/event last year, or if a new event, what is the expected budget?
5. Has the project/event shown a profit in previous years? If so, please show the amount and use of the profit.
6. Have you received funding from any other Powell County city or Powell County in prior years? If so, list the year and amount funded.
7. Please state which hotels or any other short-term rental spaces you have partnered with in providing lodging to your participants, if any. Additionally, provide the estimated number of overnight guests you expect from your project/event.

# CERTIFCATION

We, the undersigned, certify that the information contained in this application and in all attachments is true and correct to the best of our knowledge.

**Chairperson/ Representative print name Signature**

**Date**