



EVENT MARKETING GRANT APPLICATION

EVENT INFORMATION

Name of event: _____ Date(s) of event: _____

Location of event: _____ Total Budget: \$ _____

Description of event: _____

Estimated attendance: _____ Estimated lodging: _____

How will this event benefit tourism? _____

INSURANCE INFORMATION

Do you have liability insurance coverage for this event? YES NO

Please provide a copy of the certificate of insurance with this form.

GRANT INFORMATION

Amount of Event Grant Funds Requested: \$ _____

Please outline how you plan to use these funds to market the event (media, publications, or other marketing purpose). Only documented items are eligible expenditures.

MARKETING DESCRIPTION	VENDOR	COST

CONTACT INFORMATION

Payable to (organization only): _____ Contact Person: _____

Mailing Address: _____ City, State, Zip: _____

Phone: _____ Email: _____

Signature: _____ Date: _____

I have thoroughly read the Overview and Funding Criteria, and agree to the terms. (Please check box.)

Please complete this form and return to the address below.

New River Gateway Convention and Visitors Bureau
 PO Box 656, Hinton, WV 25951
 info@exploresummerscounty.com 304-466-5420