



**Effingham Local Tourism Grant Program
APPLICATION**

Name of Event/Project: _____

Date(s) of Event/Project: _____

Location of Event/Project: _____

Address of Event/Project Venue (if applicable): _____

Organization: _____

Contact Person: _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone: _____ E-mail: _____

Amount Requested: _____

I, _____, hereby agree to reimburse the Tourism Department the full amount of the grant awarded if the event is cancelled for any reason.

Signature: _____
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FOR OFFICE USE ONLY

File #: _____

Date Final Report Received: _____

Date Received: _____

Date Approved/Denied: _____

Amt. Approved: _____

Date Paid: _____

1. Describe the event/project in detail:

2. How do you think this event will generate overnight stays for Effingham? How many overnight stays do you project?

3. What is your expected attendance for the event? If this event has been held in the past, how will this year's attendance compare?

4. Will there be an admission charge for this event?
 Yes No

5. What is your marketing plan? (Describe the strategies your organization will use to promote the event/project (i.e. advertising, public relations, marketing, print collateral, distribution of promotional pieces, etc.)

6. How do you plan to collect data to measure the results of your event/project? (Event attendance, # of overnight stays, profile of attendees, etc.)

7. Is your organization relying on another source of grant funding?
 Yes No

8. If yes, where else is your organization applying for funding?

9. Attach a complete itemized budget showing all costs associated with the event. Show both expected revenue and expected expenditures.

Please return this application to:

Effingham Tourism Department

201 E. Jefferson Ave.

Effingham, IL 62401

jacksonj@ci.effingham.il.us

Fax – (217) 342-4939