

# VISIT MISSISSIPPI GULF COAST



## MARKETING ASSISTANCE PROGRAM - APPLICATION

### Section 1: APPLICANT INFORMATION -

Organization:	_____	Address:	_____
Contact Person:	_____		_____
Title:	_____	Phone:	_____
Email:	_____	Federal Tax ID:	_____

### EVENT/PROJECT INFORMATION -

Name of Event:	_____	Event Website:	_____
Date of Event:	_____	Event Location:	_____
First Year of Event?	YES	NO	
If No, Date of 1 <sup>st</sup> Year:	_____		

Please provide a brief overview of the event:

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**Section 2:**

**BUDGET AND FUNDING INFORMATION -**

Total Event Budget \$ \_\_\_\_\_

Total Advertising Budget \$ \_\_\_\_\_

Total Funding Request \$ \_\_\_\_\_

Other Funding Sources (List) \_\_\_\_\_

Total other Funding Sources \$ \_\_\_\_\_

*Note: Detailed budget information will be required in Section 4 of this application.*

**Section 3:**

**VISITOR STATISTICS -**

Please provide the following information on projected visitors:

Targeted Visitor Profile (e.g., families, seniors, college students; age ranges; specialized interests or activities; etc.)

\_\_\_\_\_  
\_\_\_\_\_

Estimated Numbers of Visitors:

Day Visitor = individual who visits the Mississippi Gulf Coast from somewhere outside of Hancock, Harrison, Jackson, Stone, George or Pearl River counties for recreational purposes and does not stay overnight.

Overnight Visitor = individual who visits the Mississippi Gulf Coast from somewhere outside of Hancock, Harrison, Jackson, Stone, George or Pearl River counties for recreational purposes and stays overnight.

Local Visitor = individual who visits the event and lives in either Hancock, Harrison, or Jackson, Stone, George, or Pearl River counties.

DAY \_\_\_\_\_      OVERNIGHT \_\_\_\_\_      LOCAL \_\_\_\_\_

TOTAL PROJECTED VISITORS \_\_\_\_\_

If event is not new, please provide the following for each of the previous 3 years, as applicable:

	<u>1 YEAR PRIOR</u>	<u>2 YEARS PRIOR</u>	<u>3 YEARS PRIOR</u>
TOTAL VISITORS	_____	_____	_____
# VISTORS NOT FROM MS COAST	_____	_____	_____
TOTAL ROOM NIGHTS GENERATED	_____	_____	_____

**Section 4:**

REQUIRED SUPPLEMENTAL MATERIALS – Please provide the following items:

- A. Summary budget/expenses for entire event.
- B. Detailed budget of how requested funds will be used, including:
  - 1) Media schedule and expected reach. Schedule should be broken down into categories by advertising medium and market.
- C. Description of how requested funding will be used to expand pre-existing events.
- D. Event plan including:
  - 1. Past experience (if event is one with past performance, provide budget and actual data for each of the last 3 years)
  - 2. Market analysis
  - 3. Marketing plan
  - 4. Staffing chart including current employees/volunteers and new full-time and part-time employment projection.
  - 5. Planned method of measuring the success of the event and the economic impact created by funding requested.
- E. Summary of management and key event coordinators’ past tourism and/or event experience.
- F. Current financial statement and 3-year financial projection/forecast including projection of financial impact to be created by requested funding and assumptions used.
- G. If planned event is not new and has historical data, provide the following statistics for each of the previous 3 years, as applicable:

	<u>1 YEAR PRIOR</u>	<u>2 YEARS PRIOR</u>	<u>3 YEARS PRIOR</u>
Total Attendees	_____	_____	_____
# of Attendees NOT from tri-county area	_____	_____	_____

**Section 5:**

**CERTIFICATION -**

I certify that the information contained in this application is correct to the best of my knowledge and that I am an authorized representative of the entity which is applying for grant funding from Visit Mississippi Gulf Coast.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name