

APPLICATION

HIGHLANDS COUNTY TOURIST DEVELOPMENT COUNCIL ("TDC") FACILITY FEE EVENT GRANT

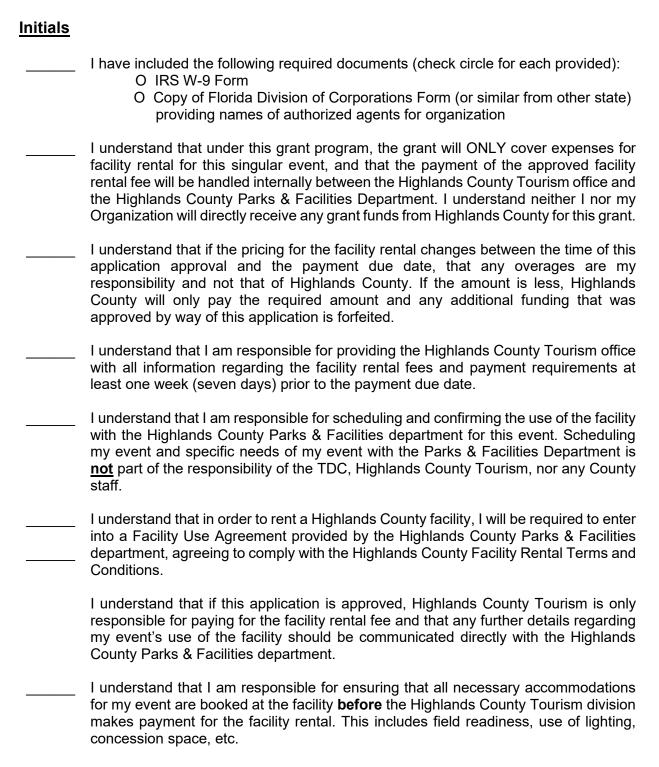
Funding amount requested: \$_____

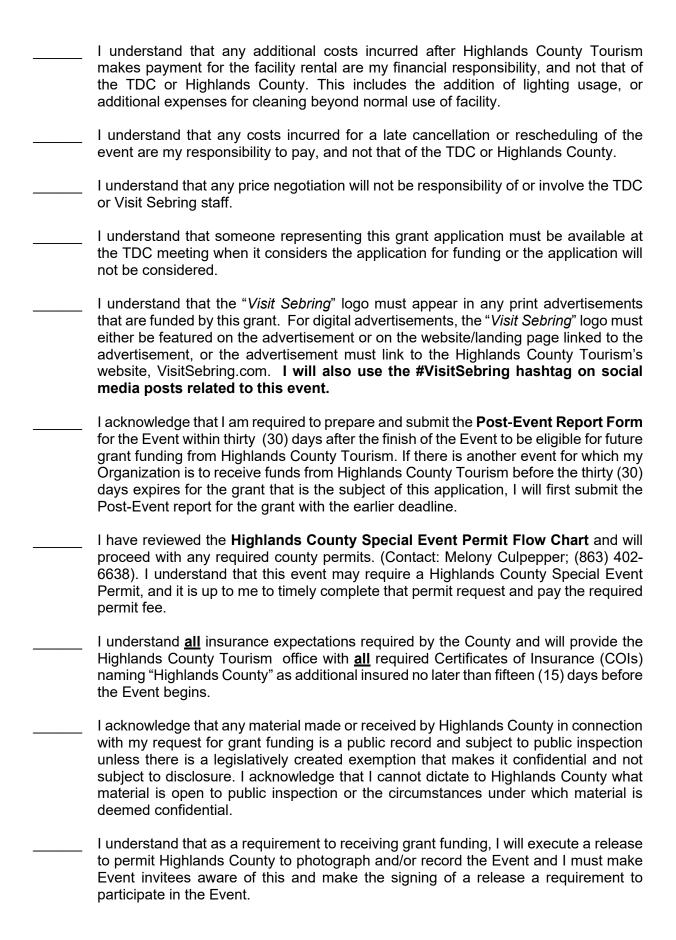
I. Apı	plicant Information	
	Name of Applying Organization:	
	Official Name of Organization as registered with the Florida Division of Corporations: Complete address of Applying Organization:	
3.		
4.	Website for Applying Organization:	
	Social Media for Applying Organization:	
	Applicant Contact Information	
	a. Name:	
	b. Title:	
	c. Phone:	
	d. Email:	
7.	If different from above, Name of Event Director/Coordinator (onsite Point of Contact):	
	a. Name:	
	b. Title:	
	c. Cell Phone:	
	d. Email:	
8.	Details about Applicant: (describe your business or organization)	
II Fv	ent Information	
	Name of Event:	
	Type of Event:	
	Level of Event (ex. Youth 13U, Adult Amateur, Etc.)	
4.	Is this Event an elimination tournament?	
5	Dates of Event:	
6	Location of Event:	
7.	Event Website:	
	Event Social Media Handles/Pages:	
	Event Admission Price (if applicable):	

10	. Schedule of Event: (can provide in separate attachment/document if needed)
	ent History & Economic Impact
1.	Has this organization received funding from the TDC for any events in past?
	O Yes O No
	a. If yes, please provide the following information:
	i. Event Name:
	ii. Event Dates:
	iii. Room Nights Generated:
	iv. Reimbursement from TDC:
2.	Has this event been held in another destination prior to Highlands County?
	O Yes O No
	a. If yes, please answer the following:
	i. Previous Destination:
	ii. Dates:
	iii. Venue:
	v. Economic Impact (if available):
	vi. List of funding from outside entities, like a TDC, with entity names and
	amounts:
3.	Projected number of attendees:
	Percentage or number of attendees from outside of Highlands County:
5.	<u> </u>
6.	To be eligible for financial support from Highlands County for future events, you must first provide data to the Highlands County Tourism office in a post-event report for this event. In addition to the Post-Event Report and Room Certification Forms required by the grant, how will you verify and document the attendees that traveled into Highlands County and stayed overnight?
7.	Has this organization held events on Highlands County property before? O Yes O No
	a. If yes, please answer the following:
	i. Are/Were you in compliance with all County agreements to pertaining to
	said event(s)?
	O Yes O No
	ii. Are/Were you nondelinquent on the payment of facility rental fees and all
	associated fees pertaining to said event(s)?
	O Yes O No

Grant Application Checklist

Please initial next to each item and fill in the blanks below. This list must accompany the Grant Application.





	the Highlands County Clerk of the Court – Internal Auditor or other representative as Highlands County may designate.
	I have reviewed and understand all policies and guidelines pertaining to this grant.
Authorize	d Agent (Print name):
Title:	
Date:	
Authorize	d Agent Signature: