



2017-18 Mendocino County Event & Program Funding Request Application

EVENT/PROGRAM DETAILS

Event/Program Name _____

Years in existence? _____

Description _____

Date(s) _____ to _____

Location(s) _____

Website _____

EVENT/PROGRAM HISTORY & FUTURE PROJECTIONS

Please fill in any and all applicable information below. If not applicable, fill in "N/A". If this is a new event, please fill in the future projections of this portion.

	2014	2015	2016	2017	2018
Total Revenue	_____	_____	_____	_____	_____
Total Expenditures	_____	_____	_____	_____	_____
# Attendees	_____	_____	_____	_____	_____
% Attendees Outside the County	_____	_____	_____	_____	_____
# Vendors	_____	_____	_____	_____	_____
# Volunteers	_____	_____	_____	_____	_____
# Room Nights	_____	_____	_____	_____	_____

**Please note: the number of room nights can include hotels, motels, vacation rentals, RV parks & campgrounds.*



EVENT/PROGRAM BUDGET

Please provide or attach up to a (1) one page outline of your event/program budget (please include any paid staff)

Revenue

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

OTHER FUNDING

<input type="checkbox"/> We will receive other sponsorship dollars	\$ _____
<input type="checkbox"/> We will receive matching funds	\$ _____
<input type="checkbox"/> We will receive in-kind donations	\$ _____
Total Revenue	\$ _____

Expenses

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
Total Expenses	\$ _____



EVENT/PROGRAM QUESTIONNAIRE

How much funding are you requesting from Visit Mendocino County (VMC)? \$ _____

How will the funds be used? _____

**Note: you will be required to provide supporting documentation in the Post Event/Program Report.*

Has this event or program received funding from Visit Mendocino County (Mendocino County Tourism Commission) in the past? NO YES If YES, how many consecutive years? _____

How do you feel the out-of-town visitor will benefit from your event or program? _____

How do you feel the lodging community (hotels, motels, inns, vacation rentals, RV parks & campgrounds) will benefit from your event program? _____

How do you feel the sales tax business community (retail, restaurants, etc.) will benefit from your event/program? _____

How do you feel the municipalities (county & city governments) will benefit from your event/program?



What benefit or how will Visit Mendocino County (VMC) be recognized in exchange for funding?

How can Visit Mendocino County (VMC) help make your event/program more successful with our existing services?

Assist in collecting room rates & facilitating room blocks for attendees, vendors, performers and/or speakers

Partner by utilizing existing marketing vehicles to promote to audiences outside the county

Partner by utilizing existing media promotions to promote to audiences outside the county

Electronic distribution of information concerning your program or event to stakeholders

Other _____

This portion purposely left blank.



ORGANIZATIONAL | COMPANY INFORMATION

Fed Tax ID | SS# | Business License # _____

Organization/Business Name _____

Chair/CEO _____ Phone _____

Main Contact _____ Role _____

Email _____ Phone _____

Address _____

City/Zip _____

Website _____

___ (please initial) YES, I will attain all the proper permits and/or insurance coverage necessary to be in compliance with city, county, state and/or federal requirements before my event/program begins. Failure to do so will result in the revocation of funds.

___ (please initial) YES, I attest that the information provided in this event/program applications is true, complete and accurate. I further agree that if my application is approved by the Visit Mendocino County (VMC) that I will provide the "Post Event/Program Report" to VMC in compliance with the application reporting requirements within 45 days after the event or program. Should I furnish any false information in this application, I hereby agree that such act shall constitute denial, suspension or revocation of funds.

Signature: _____ Date: _____

This area is for the Festival Committee & VMC Executive Director

Recommendation: Yes: _____ No: _____ AMOUNT: \$ _____ ED _____

Notes: _____