

JACKSON CONVENTION AND VISITORS BUREAU 2011-2012 FUNDING PROGRAM

**MARKETING MATCH GRANT
APPLICATION**

Please carefully read guidelines before proceeding with this application.

APPLICANT INFORMATION

Name of Organization /Group _____

Mailing Address _____

City _____ State _____ Zip _____

Physical Address _____

City _____ State _____ Zip _____

Telephone _____ FAX _____

Chief Officer of Organization _____
(NAME) (TITLE)

Project Director/ Contact Person _____
(NAME) (TITLE)

Proposed Date or Project: _____

Please provide documentation of nonprofit status (if applicable) _____

Have you previously received any grant(s) from the Jackson CVB? yes no

Date of grant _____ Project _____ \$ Amount _____

Date of grant _____ Project _____ \$ Amount _____

Date of grant _____ Project _____ \$ Amount _____

Choose one of the following:

New project 2nd year project 3rd year project 4th year project 5th year project

Date You Will Begin Work on Project _____
(MONTH/YEAR)

Date You Will Complete Project _____
(MONTH/YEAR)

PROJECT DESCRIPTION

Project Name _____

Brief Description of Project (Use this space only.) _____

_____ **Please attach your Business Plan**

ECONOMIC IMPACT INFORMATION

Will your project attract visitors from outside the Jackson area? yes no

Will your project attract or influence local area citizens? yes no

Will your project create a demand for hotel/motel rooms? yes no

How many people outside of Jackson will be exposed to your project? _____

What will be the primary benefits of your project for the local community? (this space only)

How will you determine attendance and number of room nights generated?

APPLICATION TYPE

(Choose one of the following that best describes your project and only complete that section.)

FESTIVAL / EVENT

Date(s) of Festival / Event _____
(MONTH/DAY(S)/YEAR)

Location of Festival/Event: _____

Expected total attendance: _____ Expected number of Jackson hotel rooms: _____

What percentage of the total attendance will be local citizens? _____

How many people attended your previous festivals/events? (List last 4 dates and attendees.)

FACILITY / ATTRACTION (Venue)

How many people visited your facility/ attraction in previous years? (List last 4 dates and attendees.)

How will this project affect your future attendance? (this space only) _____

ORGANIZATION/ ASSOCIATION

If this project is an event or festival, you must also complete the FESTIVAL/ EVENT area above.

If this project is not an event or festival, please explain how it will increase Tourism in Jackson. (this space only) _____

_____ **Please attach your Marketing Plan**

PROJECT BUDGET INFORMATION

List only those items that are related to your project. Leave blank those items listed below that are not in your project plans. Use blank spaces for additional items not listed.

EXPENSES (What amounts do you project to expend for the following?):

Paid Media:	Placement Cost:		Production Cost (including creative):	
All Newspaper	\$ _____	+	\$ _____	= \$ _____
All Magazine	\$ _____	+	\$ _____	= \$ _____
All Radio	\$ _____	+	\$ _____	= \$ _____
All Television	\$ _____	+	\$ _____	= \$ _____
All Billboards	\$ _____	+	\$ _____	= \$ _____
_____	\$ _____	+	\$ _____	= \$ _____

Total Paid Media \$ _____

Printed				
Quantity Materials:	Printing Cost:		Production Cost (including creative):	
_____ Brochures	\$ _____	+	\$ _____	= \$ _____
_____ Flyers	\$ _____	+	\$ _____	= \$ _____
_____ Inserts	\$ _____	+	\$ _____	= \$ _____
_____ _____	\$ _____	+	\$ _____	= \$ _____
_____ _____	\$ _____	+	\$ _____	= \$ _____
_____ _____	\$ _____	+	\$ _____	= \$ _____

Total Printed Material \$ _____

Promotional				
Materials:	Design Cost:		Production Cost:	
_____ Media Kits	\$ _____	+	\$ _____	= \$ _____
_____ Audio/Visual	\$ _____	+	\$ _____	= \$ _____
_____ Displays	\$ _____	+	\$ _____	= \$ _____
_____ _____	\$ _____	+	\$ _____	= \$ _____
_____ _____	\$ _____	+	\$ _____	= \$ _____
_____ _____	\$ _____	+	\$ _____	= \$ _____

Total Promo Material \$ _____

Other Costs:	Design Cost:		Production Cost:	
_____ _____	\$ _____	+	\$ _____	= \$ _____
_____ _____	\$ _____	+	\$ _____	= \$ _____
_____ _____	\$ _____	+	\$ _____	= \$ _____

Total Other Costs \$ _____

GRAND TOTAL ALL COSTS \$ _____

_____ **Please attach your Media Schedule**

REVENUES/MATCHING FUNDS What are your sources and amounts of income for this project?
(Note: Grant awards must be matched dollar for dollar by applicant and other sources of funding. Funds provided by governmental organizations other than applicant may not be used for matching funds.)

Organization Funds:

What is the total cash amount that your organization will directly provide in funding for this project? \$ _____

Other Funds:

List the cash funds you will be receiving from other sources for this project:

Funding Source _____ \$ _____
Funding Source _____ \$ _____
Funding Source _____ \$ _____
Funding Source _____ \$ _____

CVB Marketing Matching Grant Funds:

What is the total amount that you are requesting to be provided as a grant from the Jackson CVB? \$ _____

ACKNOWLEDGEMENT

(Must be executed by the Chief Official of the Organization)

I certify that this project meets all eligibility requirements as outlined in the Jackson Convention and Visitors Bureau's Grant Development Program Guidelines, and that all the information contained within this application and attachments is true and correct to the best of my knowledge.

Organization _____
By _____
Title _____
Date _____

RETURN TO: Matching Grant Program Administrator
Jackson Convention and Visitors Bureau
P.O. Box 1450, Jackson, MS 39215-1450
or 111 East Capitol Street, Suite 102, Jackson, MS 39201

QUESTIONS: Call LaGina Fisher: 601-960-1891

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**MARKETING MATCH GRANT
FINAL REPORT FORM**

*Please read guidelines carefully before proceeding with this report.
Report must be received in JCVB office no later than 5:00 p.m. September 30, 2012.
Projects held during month of September have until October 15, 2012 to submit final report.*

PROJECT NAME: _____

ORGANIZATION NAME: _____

PROJECT DIRECTOR: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE NO.: _____ CELL: _____

EMAIL ADDRESS FOR CONTACT: _____

DATE OF PROJECT: _____

ACKNOWLEDGEMENT

I certify that this project met all eligibility requirements as outlined in the Jackson Convention and Visitors Bureau Grant Development Program Guidelines, and that all information contained within this Final Report and all attachments are true and correct to the best of my knowledge.

DATE: _____

Signature of Chief Officer of Organization: _____

Title of Chief Officer of Organization: _____

FOR OFFICIAL USE ONLY: (will be completed by program administrator)

Date Received:	Doc. Verified:	Amount Received:

**MARKETING MATCH GRANT
FINAL REPORT CHECKLIST**

- Completed Final Report Form pg. _____

- Written summary of the results of the project, including: pg. _____
 - Impact on tourism (narrative)

- Attendance reports associated with project pg. _____

- Verifiable documentation of number of hotel rooms generated by project. pg. _____
(if applicable)

- Comparison of *original funding budget* to final expenditures and receipts pg. _____

- List of all expenditures as applicable to your project only pg. _____

- Copies of all corresponding eligible invoices with qualifying charges marked, cancelled checks (front & back or copy of bank statement with check) and ACTUAL newspaper or magazine ad with date and publication on page or cover attached, CD for radio ads and/or DVD for TV ads and any other qualifying supporting documents.

- Summary of revenues (e.g. scholarships, grants, gate receipts, concessions, etc.) pg. _____

- Samples of completed project (check below as applicable to your award) pg. _____
 - ORIGINAL broadcast affidavits (PHOTOCOPIES WILL NOT BE ACCEPTED)
 - Audiotapes from all radio broadcast ads/promotions
 - Radio ad copy on media letterhead in lieu of audiotapes
 - Video tapes from all TV broadcast ads/promotions
 - ORIGINAL newspaper tear sheets (PHOTOCOPIES WILL NOT BE ACCEPTED)
 - ORIGINAL magazine tear sheets “ “
 - Billboards (Design and copy from outlet)
 - ORIGINAL brochures “ “
 - ORIGINAL flyers “ “
 - ORIGINAL inserts “ “
 - ACTUAL media kits “ “
 - ORIGINAL photos “ “
 - ACTUAL displays (PHOTOS OF DISPLAYS ARE NOT ACCEPTABLE)
 - Other _____

- Distribution list for brochures and/or other collateral materials, if applicable pg. _____

- Explanation of methods/results of research/tracking/measurement of project pg. _____

- Proof of liability insurance prior to event with JCVB named on rider pg. _____