

JACKSON CONVENTION AND VISITORS BUREAU 2011-2012 FUNDING PROGRAM

**PROGRAM ADVERTISING SUPPORT
APPLICATION**

Please carefully read guidelines before proceeding with this application.

APPLICANT INFORMATION

Name of Organization _____

Mailing Address _____

City _____ State _____ Zip _____

Telephone _____ FAX _____

Chief Officer of Organization _____

Contact Person _____

Proposed Date of Project: _____

Venue _____

Projected Food & Beverage Cost _____

Projected Room Rental Cost _____

Expected Attendance _____

Amount and size of ads available:

_____ Full Page \$ _____ 1/2 Page \$ _____

_____ 1/4 Page \$ _____ Other \$ _____

Have you previously received a grant/sponsorship (s) from the Jackson CVB? yes no

Date _____ Project _____ \$ Amount _____

Date _____ Project _____ \$ Amount _____

Date _____ Project _____ \$ Amount _____

Choose one of the following:

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

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**PROGRAM ADVERTISING SUPPORT
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.*

Name of Organization _____

Mailing Address _____

City _____ State _____ Zip _____

Telephone _____ FAX _____

Chief Officer of Organization _____

Contact Person _____

Date of Project: _____

Venue _____

Actual Food & Beverage Cost \$ _____

Actual Room Rental Cost \$ _____

Actual Attendance _____

Amount Awarded \$ _____

Final Report Checklist:

- Completed Final Report Form pg. _____
- Copy of Food & Beverage and/or Room Rental Invoice pg. _____
- Copy of front and back of check paying invoice(s) or bank statement pg. _____
- A written summary of the results of the project and the impact it had on tourism in the Jackson area pg. _____

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 Organization Director: _____

Title: _____

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

Date Received:	Doc. Verified:	Amount Received:
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