



2018-2019
Marketing Match Grant Program

APPLICATION

Select One: [] October 1 – December 31 EVENTS ONLY [] October 1 – September 30

Please carefully read guidelines before proceeding with this application.

Name of Organization /Group _____

Mailing Address _____

City _____ State _____ Zip _____

Physical Address _____

City _____ State _____ Zip _____

Telephone _____ Fax _____

Project Director/ Contact Person _____

(NAME)

(TITLE)

Proposed Date of Project: _____ Email: _____

Please provide documentation of nonprofit status (if applicable) _____

Have you previously received any grant(s) from the Visit Jackson? [] yes [] no

Date of grant _____ Project _____ \$ Amount _____

Date of grant _____ Project _____ \$ Amount _____

Date of grant _____ Project _____ \$ Amount _____

Choose one of the following:

[] New Applicant

[] Previous Applicant

PROJECT DESCRIPTION

Project Name _____

Brief Description of Project (Only use space provided.) _____

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? (Only use space provided.)

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

APPLICATION TYPE

(Choose one of the following that best describes your project.)

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? (Only use space provided.)

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. (Only use space provided.)

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

Total Printed Material \$ _____

Other Costs:	Design Cost:	Installation:
_____ Web Development	\$ _____	\$ _____
_____ Gateway Banner	\$ _____	\$ _____
_____ _____	\$ _____	\$ _____
_____ _____	\$ _____	\$ _____
_____ _____	\$ _____	\$ _____
_____ _____	\$ _____	\$ _____

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 _____ \$ _____

Visit Jackson Marketing Matching Grant Funds:

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

ACKNOWLEDGEMENT

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

I certify that this project meets all eligibility requirements as outlined in Visit Jackson’s Marketing Match Grant 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:

Visit Jackson
Jonathan Pettus, Grant Administrator
111 East Capitol Street, Suite 102
Jackson, MS 39201

Call 601-960-1891 if you need more information