



Established Event Developer Grant Application

1. Applying Event Developer/Organization _____

2. Project Director _____

3. Contact Information _____

4. Phone (_____) _____ Fax (_____) _____

5. Email _____

6. Name of Event(s) _____

7. Date(s) of Event(s) _____

8. Amount of Grant Request (per year) \$ _____

List the requested expenses and amounts that will be covered by this grant.

_____ Amount \$ _____

_____ Amount \$ _____

_____ Amount \$ _____

_____ Amount \$ _____

_____ Amount \$ _____

9. Description of event(s) to receive funding from this grant. Description must include purpose, outline, needs assessment and intended results. Attach additional sheets if necessary.

10. Anticipated total number of event attendees (local & out of market): _____

11. Estimated number of out of market event attendees: _____

12. Estimated number of nights out of market attendees will stay in Dare County (per event):

13. Please describe how the Event Developer will quantify the number of out of market visitors at the Event(s):

14. Annual Budget for Event Developer/Organization \$ _____ (include anticipated revenue by source and amount, expenditures, personnel costs, allocations to charitable organizations, and projected net income)

15. Project Budget per Event \$ _____ (attach additional sheets if necessary)

Funds provided by applicant \$ _____

Requested grant funds \$ _____

Other sources of project funding

_____ Amount \$ _____

_____ Amount \$ _____

_____ Amount \$ _____

Expenditures

_____ Amount \$ _____

_____ Amount \$ _____

_____ Amount \$ _____

16. Please describe how and to what extent the Event Developer will grow the event(s) over the next three (3) years, OR provide a description of the new event the Organization/Agency will create over the next three (3) years. Growth should be expressed as a percentage (%); new event attendance should be estimated:

17. Does the Event Developer receive any tax funding? Yes No

If yes, how much? \$ _____

18. What other sources of funding and amounts does the Event Developer receive? (Other grants/sponsors/counties) (attach additional sheets if necessary)

Funding source: _____ \$ _____

Funding source: _____ \$ _____

19. Name and Address to Appear on Reimbursement Check:

20. Is proof of non-profit status attached (must be a **final** determination from the Internal Revenue Service)

Yes

No

I certify that the above information is true and correct to the best of my knowledge

Signature of Project Director

Date

Return completed application to:

**Grants Administrator
Outer Banks Visitors Bureau
One Visitors Center Circle
Manteo, NC 27954**