



TOURISM FUNDING REQUEST
Bella Vista Advertising & Promotion Commission
Discover Bella Vista

APPLICANT INFORMATION

Name of Event: _____

Organization Name: _____

Contact Person & Title: _____

Role within Organization: _____

Mailing Address: _____

Email: _____

Phone: _____

EVENT INFORMATION

Requested dollar amount: _____

Person or Organization check is to be made out to:

When will the funding be needed: _____

EVENT DETAILS

Event Start Date: _____

Event End Date: _____

Hours of Operation: _____

Location: _____

Event's Target Audience: _____

Estimated Attendance: _____



Estimated # of visitors from outside the city of Bella Vista? _____

From the NWA region? _____

From beyond the region? _____

Will any overnight stays be generated? _____

If so how many are expected? _____

Summarize the Event:

SPONSORING ORGANIZATION

Please give a brief description of the organization, club, individual that is managing the event:

FOCUS AREA (select one)

- Arts
- Sports and Recreation
- Meetings and Conventions
- Other



Is there a “Rain Plan” for moving or rescheduling the event?

USE of FUNDS

Please describe how you plan to use the grant funds provided by the A&P Commission. How you intend to advertise, publicize or promote your event and how you intend to utilize funds awarded by Discover Bella Vista (please be specific - advertising, postage, equipment rental, etc.):

EVALUATION

How will you evaluate and track the success of the event?



Who will be available to present a post-event report to the A&P Commission?
(Please provide contact information if it is someone other than the person listed)

Please submit a descriptive outline of all itemized uses of proposed grant funds.
Application without this information will not be considered.

Signature: _____

Date: _____