



108 West Marion Street, Eatonton, GA • 706-485-7701 • tourism@eatonton.com • www.visiteatonton.com

Marketing Support Grant Application

Name of Applicant Organization:					
Mailing Address:					
Organization Contact:					
Telephone:					
Email:					
Event Name:					
List All Funding Sources:					
Beginning Date of Event		Completion Date of Event			
Date of Event:					
Applicant Category:		Not-for-profit as registered with the Secretary of Georgia (Attach a copy of Charter and letter of registration.			
		Eleemosynary Organization under IRS Code 501 (c) 3, 4, 5, 6, 7, 10			
		Other (Attach a copy of a letter of registration with the Secretary of State or other documentation to establish eligibility.			
Federal Employee Identification Number (EIN):					
Total Project/Event Budget:		Applicant's Matching Funds (if applicable):		Grant Funds Requested:	
Total in Attendance Anticipated:		Total "Tourists"* Anticipated:			

* The TIA "Travel Industry Association" defines tourist travel as: "activities associated with all overnight trips away from home in paid accommodations and day or overnight trips to places 50 miles or more, one way, from the traveler's origin."

Please provide the information below in an attachment to your application.

1.	Detailed budget of the proposed event.
2.	Detailed marketing plan for Marketing Support Grant including pricing.
3.	A brief description of the proposed event. Please limit your description to 100 words.
4.	A brief description of how the proposed event relates to the organization's purpose.
5.	A brief description of the expected impact on tourism and the tourism industry in the area served.
6.	A brief description of how the effectiveness of the event will be evaluated.

I CERTIFY THAT THE INFORMATION PROVIDED IN THIS APPLICATION IS TRUE, CORRECT, AND COMPLETE.

Event Contact:			
Title:		Date:	

For Office Purposes Only:

Date Received:			
Date Reviewed:			
Approved and Amount:		Not Approved:	
Date Notified:			