CASS COUNTY
VISITORS BUREAU
www.Visit-CassCounty.com

TOURISM EVENT SPONSORSHIP APPLICATION FORM

Amount Requested: $_____

Application Date: _____

Event Date: _____

SECTION 1: APPLICANT INFORMATION

Organization Name: _____

Organization Type:

☐ Nonprofit Organization
☐ Municipality/Government Entity
☐ Tourism-Related Business
☐ Other _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Person: _____

Title: _____

Phone: _____

Email: _____

Website: _____

Federal Tax ID (EIN): _____

SECTION 2: EVENT INFORMATION

Event Name: _____

EVent Location: _____

Event Start Date: _____

Event End Date: _____

Has your organization previously received a Cass County Visitors Bureau Grant?

☐ Yes

☐ No

If yes, please list the year(s) and event/project(s):

SECTION 3: EVENT DESCRIPTION

Describe the event for which funding is requested.

What are the primary goals of this event?

How does this event align with the Cass County Visitors Bureau's mission to increase tourism and overnight visitation?

SECTION 4: TOURISM IMPACT

Estimated Total Attendance/Participation:

Estimated Number of Visitors from Outside Cass County:

Estimated Percentage of Non-Local Visitors: _____ %

Estimated Number of Overnight Visitors:

Estimated Hotel Room and Airbnb Nights Generated:

Please explain how these estimates were determined.

Target Market Area:

☐ Local
☐ Regional
☐ Statewide

SECTION 5: ECONOMIC IMPACT

Estimated Visitor Spending: $_____

Calculation Example:

Estimated Visitor Spending Formula
Estimated Non-Local Visitors × Average Visitor Spending = Estimated Visitor Spending
Suggested Spending Rates

Visitor Type	Average Spending Per Visitor*
Day Visitor	$75
Overnight Visitor	$200

Please explain how this estimate was calculated.

Expected benefits to local businesses, attractions, restaurants, lodging providers, or the community:

SECTION 6: MARKETING PLAN

How will this event be promoted?

☐ Social Media
☐ Digital Advertising
☐ Print Advertising
☐ Radio Advertising
☐ Television Advertising
☐ Tourism Publications
☐ Website Promotion
☐ Email Marketing
☐ Other _____

Describe your marketing strategy and budget.

SECTION 7: PARTNERSHIPS & COLLABORATION

List organizations, sponsors, contributors, or partners involved in this project. Please include organization, contact name, phone & email.

Describe each partner's role and contribution.

SECTION 8: EVENT BUDGET

What is the total budget for this event? _____

Please identify the specific expenses for which you anticipate funding from the Cass County Visitors Bureau will be used.

SECTION 9: SUPPORTING DOCUMENTATION

Please attach your sponsorship package and levels and other supporting documentation that might help the board understand your request.

SECTION 10: CERTIFICATION

I certify that the information provided in this application is true and accurate to the best of my knowledge. I understand that submission of this application does not guarantee funding and that any funding awarded is subject to approval by the Cass County Visitors Bureau and compliance with all grant requirements.

Authorized Representative: _____

Title: _____

Signature: _____

Date: _____

APPLICATION CHECKLIST

☐ Completed Application Form
☐ Sponsorship Package / Levels
☐ Supporting Documentation (if applicable)
☐ Signature

For Questions Contact:

Cass County Visitors Bureau
info@visit-casscounty.com
574-753-4856
visit-casscounty.com

Completed applications should be emailed to **info@visit-casscounty.com**.