

# GRANT APPLICATION

## Washakie County Tourism Board (WCTB) (DBA-Worland/Ten Sleep Visitors Council (WTSVC))

Grant Deadlines: Two weeks prior to regular monthly business meeting which is last Thursday of the month.

The ORIGINAL PLUS SEVEN (7) COPIES of this grant application should be submitted

ORGANIZATION NAME: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_ PHONE: \_\_\_\_\_

FAX: \_\_\_\_\_ Email: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_, \_\_\_\_\_ WY \_\_\_\_\_

What best describes your organization:

\_\_\_\_\_ 501c3

\_\_\_\_\_ Non-profit organization registered with the Wyoming Secretary of State

\_\_\_\_\_ Other (Please describe):

PROJECT TITLE: \_\_\_\_\_ Start date: \_\_\_\_\_ End Date: \_\_\_\_\_

1. Is this the first time you have applied for a grant from the WCTB? Yes \_\_\_\_\_ No \_\_\_\_\_  
If No, what other years have you applied?

2. Has this event been held in Washakie County before? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, how many out-of-county participants came last year?

3. Is this the only event scheduled for the dates you have selected (Contact WCTB if unknown): Yes \_\_\_\_\_ No \_\_\_\_\_  
If "No", what other events are competing for available lodging?

4. Provide a brief description of the project or event.

5. Who are your target attendees? What do you project for attendance?

6. Est. number of out-of-county participants staying overnight: \_\_\_\_\_

7. Total Est. number of room nights generated by this project: \_\_\_\_\_

8. How does this project create tourism activity in Washakie County?

9. Total Event/Project Marketing Budget: \$ \_\_\_\_\_

10. What are your other sources of funding?

11. Amount of Grant Requested? \_\_\_\_\_

12. Why are funds required from the WCTB? (Please check all that apply.)

- Brochures
- Posters and promotional flyers
- Billboards
- Magazine advertising
- Newspaper advertising
- Radio advertising
- Television advertising
- Travel trade shows (booth fees, registration fees & material production)
- Websites
- Social media
- Other, please describe: \_\_\_\_\_

Signature of person responsible for providing this information: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of project manager: \_\_\_\_\_ Date: \_\_\_\_\_

*Signature indicates you have read the Guidelines and understand the responsibility for providing recognition to the Washakie County Tourism Board on projects for which we provide funds.*

Date Received to PO Box 632, Worland, WY 82401: \_\_\_\_\_

Staff Initials: \_\_\_\_\_