



Town of Geneva Wisconsin Tourism Commission Tourism Promotional Grant Application

N3496 Como Road, Lake Geneva, WI 53147
Phone (262) 248-8497 Email: tourism@townofgeneva.wi.gov

The Town of Geneva Wisconsin Tourism Commission requests that you please review the application guidelines thoroughly before starting your application.

Grant applications are due by noon the 1st of each month

If your application is approved, the funding is dispersed as a reimbursement after the event is held, after a Post Event Report is completed (included with this application), and after paid receipts and samples of marketing materials are provided.

“EVENT” DEFINITION: When “Event” is used in all Town of Geneva Wisconsin Tourism Forms it may encompass music, art, culture, seminars, speakers, golf tournaments, magazines, public relations, influencers, strategic familiarization opportunities (“FAM Tours” including paid travel, meals, overnight accommodations and activities) and other forms that promote the Town of Geneva as a tourist destination, creating the need for overnight stays.

PLEASE COMPLETE THE FORM BELOW AND MAIL OR EMAIL
THE APPLICATION, INCLUDING SUPPORT MATERIALS,
ACCORDING TO THE INFORMATION IN THE GUIDELINES.

If more space is needed for any answer please send an attachment with that information.

Business/Organization Information:

Legal Name: _____ Tax ID# (FEIN): _____

Trade Name (DBA): _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Contact Person(s): _____

Contact #(s): _____

Contact Email(s): _____

☐ Corporation Does this ☐ LLC ☐ Partnership Business/ ☐ Sole Proprietor Organization ☐ Non Profit/Government have a Town of Geneva

Business License? YES NO

Does the event require any Town of Geneva approvals/permits? YES NO If yes, please describe:

Any other government approval required? _____

Event Description:

Application Submission Date: _____ Event Date: _____

Event Name: _____

Event Location: _____

Event Type: _____

Event Description: _____

Has this event been held before? Yes No If yes, how many times/years? _____

By your business/organization? Yes No If no, who organized it previously? _____

Describe if the event will be the same as previously or how it would be different: _____

Are there any contingencies that could potentially prevent the event from being completed? YES NO

Please explain: _____

Do you carry event insurance to cover your expenses for this event? YES NO

Event Budget:

Grant Request Amount: _____ Estimated Total # of Attendees: _____

How is the event being funded? _____

Have other grant applications from other tourism entities or organizations been submitted for the same expenditures/purposes as this request? Yes !!!!!No

What other organizations and for what amounts? _____

Previous or Projected Tourism Impact:

What impact do you think the event will have on the tourism & the overall economy of the Town of Geneva? _____

Does the event have potential to generate overnight stays in the Town of Geneva? YES NO

Please include estimates: _____

Will this event lead to potential off season visits by residents & non-residents? YES NO

If yes, please explain: _____

PR/Influencer requests an estimate value of placements achieved should be noted. An estimated # of room nights and room revenue ROI should be a line item when proposing use of room tax funds towards a FAM Event may attached to this application. _____

Any other information to be considered during the grant application process? _____

Please provide the following additional attachments:

- 1) Marketing plan for the event
- 2) Description of specifically how the grant funds will be used for the event
- 3) Promotional art work and/or logos if available

NOTE: Please be aware that the applicant is required to notify the Town of Geneva Tourism Commission Chair prior to making any changes to the event as proposed and described herein. Failure to provide proper notice and receive approval from the Tourism Commission Chair may invalidate the grant approval.

I/We understand the restrictions placed on the expenditure of room tax funds governed by the Tourism Commission and certify that the requested funds will be used for the purpose described in this application or approved by the Commission. I/ We understand that the use of the funds is subject to review and a Post Event Report is required. Grant recipients will be considered ineligible for future grants until a Post Event Report is completed and filed. This application shall serve as a grant agreement as noted below and applies if a grant is awarded.

Full Name: _____ Title: _____

Signature: _____ Date: _____

Full Name: _____ Title: _____

Signature: _____ Date: _____

For Tourism Commission Only:

Application # ____

Completed Application received by _____ Date: _____

Grant Awarded Yes No Date Awarded/Rejected _____

Reason for Rejection:

_____ Business/

Organization Date Notified: _____ Notified by (initials): _____ Date Post

Event Report Received: _____

Check# _____ Amount: _____ Delivered by: _____