



2017-2018 FUNDING PROGRAMS

EQUINE SUPPORT APPLICATION

INFORMATION MUST BE RECEIVED IN THE VISIT JACKSON OFFICE BY **July 14, 2017**.

APPLICATION

Date: _____

Name of Organization _____

Mailing Address _____

City _____ State _____ Zip _____

Email: _____

Telephone _____ Cell: _____ FAX _____

Planner/ Contact Person _____

(NAME)

(TITLE)

_____ Non-Profit: (must include documentation)

_____ For-Profit

MANDATORY EVENT INFORMATION

Event Name _____

Date(s) of event: _____

Brief Description of Event: (Use this space only)

ECONOMIC IMPACT INFORMATION

Total Expected Entries:

Will your event attract entries from more than 100 miles outside the Jackson area?

yes no If "yes," how many? _____

Will your event attract or influence local area citizens?

yes no If "yes," how many? _____

Estimated number of spectators: _____

Will your event create a demand for hotel/motel rooms?

yes no If "yes," how many? _____

Estimated number of RV hookups: _____

How many people outside of Jackson will attend your event? _____

Estimated Food & Beverage Cost: _____ / Facility: _____

Estimated Facility/Room Rental Cost: _____ / Facility: _____

Estimated Number of Blocked overnight room: _____ /Facility: _____

Number of rooms Picked Up from previous meetings/events: _____

Headquarter Hotel Name: _____

Overflow Hotel #1 _____

Overflow Hotel #2: _____

Overflow Hotel #3 _____

Will your event require meeting rooms or exhibit space yes no

Number of Exhibits: _____ Number of Breakout Sessions: _____

Please complete the following information on your last two events:

| Date(s) | Location | Total attendance | # Room nights |
|---------|----------|------------------|---------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

| Total # of Entries | # entries from more than 100 miles outside Jackson |
|--------------------|--|
| _____ | _____ |
| _____ | _____ |

Have you previously received any underwriting from the Visit Jackson/JCVB? yes no

Event Name _____ Date _____ \$ Amount _____

Event Name _____ Date _____ \$ Amount _____

Event Name _____ Date _____ \$ Amount _____

ACKNOWLEDGEMENT

I certify that this project meets all eligibility requirements as outlined in the Visit Jackson’s Funding Program Guidelines. All the information contained within this application and attachments is true and correct to the best of my knowledge.

Organization _____

By _____

Title _____

Date _____

Must be signed and returned along with completed application

RETURN TO:

Equine Event Support Program Administrator
Visit Jackson
P.O. Box 1450
Jackson, MS 39215-1450

or 111 East Capitol Street, Suite 102
Jackson, MS 39201

QUESTIONS:

Call Christine McInnis: 601-960-1891 x 306

Visit Jackson Equine Support 2017-2018
FINAL REPORT FORM

***** CAREFULLY READ THE PROGRAM GUIDELINES *****
***** BEFORE PROCEEDING WITH THIS REPORT *****

NOTICE: A COMPLETE FINAL REPORT CONSISTS OF THIS ORIGINAL FINAL REPORT FORM PLUS THE FOLLOWING ITEMS SUMMITTED AS ATTACHMENTS:

INFORMATION MUST BE RECEIVED IN THE VISIT JACKSON OFFICE BY August 31, 2017. (If event occurs in September, information must be received by October 15, 2017.)

- FINAL OVERNIGHT ROOM OCCUPANCY REPORT PROVIDED BY HOTEL PROPERTY(S)
- FACILITY RENTAL INVOICE AND/OR FOOD AND BEVERAGE EXPENSE INVOICE(S)
- OFFICIAL TICKET SALES REPORT (IF APPLICABLE)
- ALL OTHER INVOICES APPLICABLE TO YOUR EVENT
- LIST NAMES AND CITIES OF ALL PARTICIPANTS FROM MORE THAN 100 MILES OUTSIDE JACKSON.
PLEASE SUBMIT THIS DOCUMENT IN SPREADSHEET FORMAT.

EVENT INFORMATION

EVENT NAME: _____

ORGANIZATION NAME: _____

PLANNER: _____

PHONE: _____ **EMAIL:** _____

MAILING ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

ACKNOWLEDGEMENT

I certify that this project met all eligibility requirements as outlined in the Visit Jackson Funding Program Guidelines, and that all information contained within this Final Report and all attachments are true and correct to the best of my knowledge.

Signature: _____

Title: _____ Date: _____

OFFICIAL USE ONLY:

| | | |
|-----------------------|-----------------------|-------------------------|
| Date Received: | Doc. Verified: | Amount Received: |
| | | |