



2017-2018
Marketing Match Grant Program

APPLICATION

Please carefully read guidelines before proceeding with this application.

FINAL REPORT DUE: AUGUST 31, 2018

(Events held during the month of September 2018, have until 5:00 p.m., October 15, 2018, to submit their final report with all supporting documents.)

Name of Organization /Group

Mailing Address

City State Zip

Physical Address

City State Zip

Telephone Fax

Project Director/ Contact Person

(NAME)

(TITLE)

Proposed Date of Project: Email:

Please provide documentation of nonprofit status (if applicable)

Have you previously received any grant(s) from the Visit Jackson? yes no

Date of grant Project \$ Amount

Date of grant Project \$ Amount

Date of grant Project \$ Amount

Choose one of the following:

New Applicant

Previous Applicant

PROJECT DESCRIPTION

Project Name _____

Brief Description of Project (Only use space provided.) _____

_____ **Please attach your Business Plan**

ECONOMIC IMPACT INFORMATION

Will your project attract visitors from outside the Jackson area? yes no

Will your project attract or influence local area citizens? yes no

Will your project create a demand for hotel/motel rooms? yes no

How many people outside of Jackson will be exposed to your project? _____

What will be the primary benefits of your project for the local community? (Only use space provided.) _____

How will you determine attendance and number of room nights generated?

APPLICATION TYPE

(Choose one of the following that best describes your project.)

FESTIVAL / EVENT

Date(s) of Festival / Event _____

(MONTH/DAY(S)/YEAR)

Location of Festival/Event: _____

Expected total attendance: _____ Expected number of Jackson hotel rooms:

What percentage of the total attendance will be local citizens? _____

How many people attended your previous festivals/events? (List last 4 dates and attendees.)

_____	_____
_____	_____

FACILITY / ATTRACTION (Venue)

How many people visited your facility/ attraction in previous years? (List last 4 dates and attendees.)

_____	_____
_____	_____

How will this project affect your future attendance? (Only use space provided.)

ORGANIZATION/ ASSOCIATION

If this project is an event or festival, you must also complete the FESTIVAL/ EVENT area above. If this project is not an event or festival, please explain how it will increase tourism in Jackson. (Only use space provided.)

_____ **Please attach your Marketing Plan**

PROJECT BUDGET INFORMATION

List only those items that are related to your project. Leave blank those items listed below that are not in your project plans. Use blank spaces for additional items not listed.

EXPENSES (What amounts do you project to expend for the following?):

Paid Media:	Placement Cost:	Production Cost (including creative):
All Newspaper	\$ _____	\$ _____
All Magazine	\$ _____	\$ _____
All Radio	\$ _____	\$ _____
All Television	\$ _____	\$ _____
All Billboards	\$ _____	\$ _____
_____	\$ _____	\$ _____
Total Paid Media	\$ _____	

Printed Materials:	Printing Cost:	Production Cost (including creative):
Quantity _____ Brochures	\$ _____	\$ _____
_____ Flyers	\$ _____	\$ _____
_____ Inserts	\$ _____	\$ _____
_____ _____	\$ _____	\$ _____
_____ _____	\$ _____	\$ _____
_____ _____	\$ _____	\$ _____
Total Printed Material	\$ _____	

Other Costs:	Design Cost:	Installation:
_____ Web Development	\$ _____	\$ _____
_____ Gateway Banner	\$ _____	\$ _____
_____ _____	\$ _____	\$ _____
_____ _____	\$ _____	\$ _____
_____ _____	\$ _____	\$ _____
_____ _____	\$ _____	\$ _____

Total Other Costs \$ _____

GRAND TOTAL ALL COSTS \$ _____

_____ **Please attach your Media Schedule**

REVENUES/MATCHING FUNDS

What are your sources and amounts of income for this project? (**Note:** Grant awards must be matched dollar for dollar by applicant and other sources of funding. Funds provided by governmental organizations other than applicant may not be used for matching funds.)

Organization Funds:

What is the total cash amount that your organization will directly provide in funding for this project? \$ _____

Other Funds:

List the cash funds you will be receiving from other sources for this project:

Funding Source _____ \$ _____

Funding Source _____ \$ _____

Funding Source _____ \$ _____

Funding Source _____ \$ _____

Visit Jackson Marketing Matching Grant Funds:

What is the total amount that you are requesting to be provided as a grant from Visit Jackson? \$ _____

ACKNOWLEDGEMENT

(Must be executed by the Chief Official of the Organization)

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

Organization _____

By _____

Title _____

Date _____

RETURN TO:

Visit Jackson
Jonathan Pettus, Grant Administrator
111 East Capitol Street, Suite 102
Jackson, MS 39201

Call 601-960-1891 if you need more information