



2019-2020 FUNDING PROGRAMS
Equine Event Support Application

INFORMATION MUST BE RECEIVED IN THE VISIT JACKSON OFFICE BY August 15, 2019.

APPLICATION

Date: _____

Name of Organization

Mailing Address

City _____ State _____ Zip _____

Email: _____

Telephone _____ Cell: _____ FAX _____

Planner/ Contact Person

Beginning October 1, 2019, all eligible awards will be paid directly to the local supplier for services rendered for meeting, conference/convention, tradeshow, equine or sporting event occurring in Jackson. Examples of such expenditures include lunch/breakfast, reception, signage, marketing/advertising, or transportation. Room pickup and verification of attendance must be veritable two weeks prior to the conference/sports activity. ALL PAYMENTS SHALL BE MADE TO VENDORS PROVIDING SERVICES TO YOUR MEETING IN JACKSON.

MANDATORY EVENT INFORMATION

Event Name _____ Date(s) of event: _____

Brief Description of Event: (Use this space only)

ECONOMIC IMPACT INFORMATION

Total Expected Attendance:

Will your event attract Entries/Competitors from more than 100 miles outside the Jackson area?

yes no If "yes," how many day visitors? _____ How many night visitors? _____

Will your event attract or influence local area citizens?

yes no If "yes," how many? _____

Estimated number of spectators per event: _____

Will your event create a demand for hotel/motel rooms? yes no If "yes," how many? _____

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Total Daily Attendance	Total Attendance

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: _____

Headquarter Hotel Name:

Overflow Hotel #1 _____ Room rate: _____ Overflow Hotel # 2 _____ Room rate: _____

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/Competitors _____ # Entries/Competitors 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 _____

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 2019-2020

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 30, 2020. (If event occurs in September, information must be received by October 15, 2020.)

- 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

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:
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All Applicants must adhere to the following clause. For this document the following terms apply: All third-party booking companies must comply with the terms, definitions and with the overnight room pick-up guidelines specified in the body of the funding application.