



**2019-2020 FUNDING PROGRAMS  
EQUINE SUPPORT APPLICATION**

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

**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

**Beginning October 1, 2019 all funding will be executed in the form of payment of services to enhance your meeting, conference/convention, tradeshows, equine or sporting event occurring in Jackson. Examples of such expenditures include lunch/breakfast, reception, signage, marketing/advertising, or transportation sponsorships. Substantial 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 SUPPORT 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? \_\_\_\_\_

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?

Sunday	Monday	Tuesday	Wednesday	Thursday	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 \_\_\_\_\_

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/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 \_\_\_\_\_

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, 2019. (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
- 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:**

<b>Date Received:</b>	<b>Doc. Verified:</b>	<b>Amount Received:</b>

**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.**