

FOR OFFICE USE ONLY
Awarded Denied
Amount Awarded

## 2026 TOURISM ASSISTANCE GRANT APPLICATION

Organization Name:		
Address:		
City, State, Zip:		
Contact Person/Title:		
Phone: Email:		
Website:		
Is your organization a non-profit or government entity? Please include your 501 (c)3 or FEIN #:		
What is the purpose of the organization/mission statement?		
Briefly describe your event/project and how it impacts the community:		
Grant amount requested? Total project cost?		
What is the estimated number of visitors for your event?		
What is the estimated number of visitors outside of Fayette County?		
What is the estimated number of visitors that will stay overnight at a local hotel in Fayette County?		

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How will you advertise Fayette County Travel & Tourism Bureau's support of your
project/event?
Please list any other fundraising projects carried out by your organization:
Describe specifically how Equate County Travel & Tourism Burgay funds will be utilized:
Describe specifically how Fayette County Travel & Tourism Bureau funds will be utilized:
Use this space to include any other information that you feel would be useful:
Please use the following checklist to confirm the submission of a complete application.  Application is typed, or neatly written
List of board members is included
Examples of past flyers, promotional pieces or other support materials is included
Grant guidelines have been reviewed
The undersigned certifies that the board of directors of the above organization has approved this application, and that all information within is accurate.
Signature and Title  Date

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## 2026 Tourism Assistance Grant Budget Form

Project Name:	
Expected Income:	Amount
Donations/Sponsorships	\$
Ticket Sales	\$
Vendor Fees	\$
Other (please specify)	
	\$
	\$
	\$
	\$
	\$
	\$
Toto	al Income: \$
Expected Expenses:	Amount
Marketing/Advertising	\$
Supplies	\$
Other (please specify)	
	\$
	\$
	\$
	\$
	\$
	\$
Tota	al Expenses: \$
	1, 3, 4, 5, 6, 6, 6, 6, 6, 6, 6, 6, 6, 6, 6, 6, 6,
Expected Profit:	\$
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