

**JEFFERSON COUNTY TOURIST DEVELOPMENT COUNCIL**  
**SPECIAL EVENT GRANT PROGRAM APPLICATION**

**EVENT INFORMATION**

1. Name of event \_\_\_\_\_
2. Date(s) of event \_\_\_\_\_  
Start time \_\_\_\_\_ End time \_\_\_\_\_
3. Event Description \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. Is the event free and open to the public? YES / NO  
If NO, what is the cost to attend? \_\_\_\_\_
5. Amount of grant funds requested \_\_\_\_\_ (Maximum \$500.00)
6. Applicant organization \_\_\_\_\_
7. Description of organization:
  - a. Mission \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  - b. Services provided \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  - c. Date of incorporation \_\_\_\_\_
8. Organization address \_\_\_\_\_  
Phone \_\_\_\_\_ Website \_\_\_\_\_
9. Contact person \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_

**TOURISM DEVELOPMENT INFORMATION**

10. Target number of in person, out-of-town visitors, total \_\_\_\_\_  
Overnight \_\_\_\_\_ Day visitors \_\_\_\_\_
11. Target number of total in-person attendees (local and out-of-town) \_\_\_\_\_
12. Target number of vendors \_\_\_\_\_
13. How will this event contribute to the overall appeal of Jefferson County as a preferred visitor destination? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EVENT EVALUATION: PRE-EVENT**

14. How does this event align with your organization’s mission?

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15. What are the goals the organization hopes to achieve by holding this event?

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16. How will grant funds be used? List marketing types, venues and targeted audiences, if any.

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17. How will you document and evaluate event outcomes? (See Appendix for suggestions.)

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**GENERAL INFORMATION**

18. Has the organization received a Jefferson County TDC Grant in the past? YES / NO

a. If YES, include name of event, year(s) and amount(s) received.

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**JEFFERSON COUNTY TOURIST DEVELOPMENT COUNCIL  
SPECIAL EVENT GRANT PROGRAM  
CERTIFICATION AND COMPLIANCE STATEMENT**

APPLICANT:

I hereby certify that the information contained in this application is true and correct to the best of my knowledge and that I have read the Policies and Procedures of the Jefferson County Special Event Grant Program and will abide by all legal, financial and reporting requirements as a condition of receiving grant funds from the Jefferson County Tourist Development Council.

Signature must be in original ink.

Name \_\_\_\_\_  
Organization \_\_\_\_\_  
Signature \_\_\_\_\_  
Date \_\_\_\_\_

**JEFFERSON COUNTY TOURIST DEVELOPMENT COUNCIL  
SPECIAL EVENT GRANT PROGRAM  
POST-EVENT REPORT**

1. Event name \_\_\_\_\_
2. Organization \_\_\_\_\_
3. Date(s) of event \_\_\_\_\_
4. Contact person \_\_\_\_\_
5. Contact phone \_\_\_\_\_ Email \_\_\_\_\_
6. Total number of attendees \_\_\_\_\_  
    In person \_\_\_\_\_ Virtual \_\_\_\_\_
7. Were attendance goals met? YES / NO  
    a. If not, what would you do differently next time?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
8. Provide a summary of media coverage including local, regional and national – print, television, radio and social media. Attach ad run schedule if available.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
9. Were participant evaluation goals met? YES / NO  
    a. If not, what would you do differently next time?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
10. Attach completed outcomes evaluations used.
11. Attach receipts for reimbursement.

I attest that the information above is accurate and true to the best of my knowledge.

Signed \_\_\_\_\_

Print \_\_\_\_\_

Date \_\_\_\_\_