

MAKE IT HAPPEN Event Marketing Funds

Please fill out this form as completely and accurately as possible. Incomplete forms may be returned or passed up for review. Questions should be directed to Travis Napper at tnapper@rustonlincoln.com.

Legal name of applicant organization:				
Contact person:				
Address:	_ City/State/Zip Code:			
	_ Phone:			
Email address:				
Event name:				
Event Date:	Website:			
Site/location of event:				
How often is the event held in Ruston/Lincoln Parish:				
Revenue budgeted: \$	Expenses budgeted: \$			
Projected daily attendance for event:				
Percentage of attendees from out of town: _				
Projected daily hotel rooms for event:				
Amount request from Experience Ruston CV	B\$			
Date(s) of previous requests: \$	Amount previously receieved: \$			
EVENT HISTORY Previous year's attendance: Percentage f	from out of town: Total number of hote rooms:			



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1.	Describe the event for you propose to use requested Experience Ruston CVB funds.
2.	What is your target audience? Summarize your promotional/marketing plan.
3.	Have you blocked rooms with area hotels? Yes No If yes, which hotels?
4.	How will the funds be used? Describe why the Experience Ruston CVB funds are necessary to make the event successful. How will they impact the event.
5.	How will your event be impacted if you recieve partial or no funding from the Experience Ruston CVB?
6.	What steps have you or will you take to ensure the event is successful and ultimately becomes self -sifficient? How do you plan to grow your event?
7.	Please listed any other information you feel we should know about your event.



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PROJECTED BUDGET WORKSHEET Please add notes to explain your project budget. If you have an existing budget, you may attach the existing budget in place of completing the budget below.

REVENUE		
SOURCE	AMOUNT	
TOTALS		
EXPENSES		
ITEM	COST	
TOTALS		
APPLICANT'S STATEMENT OF AGREEMENT Everything I have stated on this application is correct to the best of my		

knowledge. Additionally, I understand that an event evaluation form must be submitted to the Experience Ruston CVB within 30 days following the event and that failure to do so will result in the loss of any funds awarded.

Application's Signature:	Date:	