

**CROOKSTON CONVENTION & VISITORS BUREAU
CVB ADVERTISING GRANT APPLICATION**



WHO IS YOUR GROUP?

Organization: _____

Address, City, State, Zip: _____

Contact person & phone #: _____

Contact Email address: _____

WHAT DO YOU HAVE PLANNED?

Name of your event: _____

Describe the event you are requesting funding for: _____

WHEN IS THE EVENT?

Date(s): _____

Location/Address of Event: _____

Projected Attendance: _____ Projected Overnight Stays: _____

Last Year's Attendance _____ Expected Attendance this Year _____

Has the CVB participated in your event in the past? _____

Other Sponsors/\$ Donated this Year _____

HOW CAN WE HELP YOU?

List specific dollar amount you are requesting: \$ _____

(All money donated from CVB must be used on advertising and promotion of event)

Beyond the monetary request is there further assistance you would need from our CVB office? _____

Please list your Itemized Marketing Budget:

Advertising/Marketing (please list type)	Dollar Amount	Advertising/Marketing (please list type)	Dollar Amount

List last year's sponsors/\$ Donated _____

List how you track the event for growth expectations _____

The CVB logo must be included and visible on all promotional/advertising materials.

List the methods you will be using to market the event which includes our CVB logo.

Applicant Signature

Date:

103 South Broadway, Crookston, MN 56716
218-281-4320 (phone) 218-281-4349 (fax)
800-809-5997 (toll free)
www.visitcrookston.com

In office only:
Date Received: ___/___/___