



TOURISM GRANT APPLICATION

Name of Organization: _____

Contact Person: _____

Address: _____

Telephone: _____

Email: _____

Amount of Room Tax Money Requested: _____

Name of Event/Campaign: _____

The State of Wisconsin allows local municipalities to collect room taxes from those staying in local bed and breakfasts, hotels and motels for the purpose of creating funds to reinvest in tourism activities. The City of Hartford collects a 7% room tax from travelers through the assistance of local establishments.

The intent of this fund is to put traveler's money back into the economy to create even more travelers staying in local establishments.

1. Provide a few sentences to summarize what exactly your event is all about. (Date, Time, Location, Type of Event).
2. Have you ever received funding directly or indirectly for this event in the past?
3. Explain how you feel that this will bring more people to stay overnight in the City of Hartford.
4. If this year's application was accepted, how would the tourism funds granted be used, be specific?
5. What is your marketing plan for the event? Please include target markets and the types of media being used.
6. Please list your measurable event goals with data supporting them.

7. What other resources, outside of your project budget, are you leveraging? This may include things such as earned media and donated advertising, sponsorships or other grants earned because of the project/event.

8. How will you track the success of your marketing plan and collect the needed information for reporting on the actual dollar value of your measurable goals? How will you track the number and type of visitors to your event? (Local attendees, non-local overnight attendees, non-local day-trip attendees, total visit expenditures, etc.)

9. Enter a list of items for the event's operational budget.

Statement of Assurances: Any funds received under this grant will be used for the purposes described in this application. The figures, facts, and representations in this application are true and correct to be best of my knowledge.

Name (Please Print): _____

Title or Office Held: _____

Name of Group/Organization Petitioning for Grant: _____

Signature: _____

Date: _____

Mail this completed form back to the:

City of Hartford - Administration Office
109 N. Main Street
Hartford, WI 53027

Only applications received no later than February 15th, 2023, will be considered.