

ALBANY COUNTY TOURISM BOARD GRANT APPLICATION

The Albany County Tourism Board appreciates your interest in applying for a grant.
Our funds are derived from tax collected from overnight visitors to our county.
Our goal is to sponsor events that will bring more tourism and guests to our county.

All attachments outlined in the Guidelines must be submitted with this application

****Please ensure you read the Guidelines For Sponsorship Grants Prior to submitting application****
Grant Applications are reviewed quarterly (July, October, January, April)

Amount Requested: _____

1. Project/Program/Event Title: _____
2. Where will the event be held? (location) _____
3. Start Date: _____ End Date: _____
4. Organizations Name: _____
5. Contact Person(s):
Name: _____ Phone: _____ Email: _____
Name: _____ Phone: _____ Email: _____
Name: _____ Phone: _____ Email: _____
6. Web Site (if applicable) _____
7. Describe your organization: 5013C _____ State Registered Non Profit _____
Other: _____ Description: _____
8. Is this the 1st time you have applied: _____ If no, When and what was your previous grant amount? _____ Will this be an annual event? _____
9. Estimate number of room nights: (Use an average of 2 persons/room/night: 300 guests=150 room nights) Total estimated room nights: _____
10. Is this the only event scheduled in Albany County for the dates you have selected? _____
If NO, what other events are competing for available lodging? _____

11. Where will your attendees come from? _____ How many are tax exempt: _____
12. Brief descriptive narrative of your event: _____

13. If the event has a profit, where do the profits go? _____
14. Who is your event insurance with? _____
15. If approved for a grant, to whom do we make the check payable to: _____
Mailing address for check: _____

For Office Use Only

Application Received _____ Application Reviewed _____ Amount Approved _____ Wrap-Up Report _____ Check # _____ Sent _____
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