



APPLICATION FOR FUNDING

Amount requesting from the GMCVB	\$
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Name of Event					
Contact Person					
Address					
City, State, Zip					
Telephone					
Email Address					
Non-Profit Organization	Yes	No	Name of Organization		
Where in the Metropolis Area will the event be held?					
Has this event been held previously?	Yes	Has this event received funding from GMCVB previously?		Yes	\$
	No			No	Previous Amount
Dates & Days of Week the Event Will be Held					
Estimated Number of Attendees This Year			Estimated Number of Attendees Last year, if held previously		
Have you contacted hotels for negotiated room rates?					
At which hotel/s have you reserved rooms for your attendees?					
How many rooms have your blocked/reserved at each?					
How many opportunities will your attendees have to eat out in Metropolis?				Breakfast	
				Lunch	
				Dinner	
Please list what type of advertising, where it will be placed and when, if known. Ex: Fliers, newspaper, magazine, Radio, TV, Online	Type of Advertising	Where it will be placed		When it will run	

Greater Metropolis Convention & Visitors Bureau
 P.O. Box 168 Metropolis, IL 62960
 618-524-5025 director@metropolistourism.com



Will you have promotional items with sponsor logos printed on them?		Yes	
		No	
How will the GMCVB be recognized as a contributor?			

Proposed Event Schedule

Please describe in DETAIL the planned activities of the event
(If a schedule of events is available please include with application)



A large, empty rectangular box with a thin black border, intended for the user to enter their Post Event Report.

Post Event Report

This form as well as other required documentation is due on date agreed upon based on event schedule date. Failure to submit a fully completed Post Event Report could negatively impact consideration for future funding.

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Name of Event	
Contact Person	
Address	
City, State, Zip	
Telephone	
Email Address	
Number of Attendees	
How was attendance tracked?	
Which Hotels were Utilized?	
How many rooms actualized from Group Blocks?	
Which Restaurants were Utilized?	

Also Required for Post Event Submission

	A list of all items purchased with GMCVB Funds
	Photocopies of checks and matching invoices or receipts for every item purchased using GMCVB Funds
	Finalized Event Budget with Actual Cost Completed
	If organization uses QuickBooks a Revenue & Expense Report is requested but not required
	Return of any unused funds awarded from the GMCVB