

**Forsyth County Tourism Development Authority
Business Development Fund**

Application for Funding - A

Visit Winston-Salem Business Development Fund is designed to enhance our local travel and tourism sector of the economy.

Events that will be considered for funding include conventions; meetings; group tour series; amateur, collegiate, or professional athletic events that consist of games, exhibitions, tournaments and other sports-related events; and arts-related, cultural, heritage and other leisure events and festivals. Events considered must be held in Winston-Salem/Forsyth County. A full description of the criteria upon which event and use eligibility are determined is outlined in the attached document entitled *FCTDA Business Development Fund Criteria (Adopted January 27, 2009 by the Forsyth County Tourism Development Authority)*.

To ensure the success of your application, please understand the following:

- Applications must be completed using the form provided. Additional information that is requested may be attached to the application.
- Submit applications to:
 - Richard Geiger
 - President
 - Visit Winston-Salem
 - 200 Brookstown Ave.
 - Winston-Salem, NC 27101
 - 336-728-4223
 - Richard@visitwinstonsalem.com
 - www.visitwinstonsalem.com
- Visit Winston-Salem will notify the organization in writing of the decision regarding the funding request.
- Funds may be used for:
 - Ground transportation
 - Food and beverage function sponsorship
 - Public facility rental or parking fees
- Requests for funding bid presentation costs or hosting fees and publicity/advertising costs must be submitted using *Forsyth County Tourism Development Authority Business Development Fund Application – B*.
- Requests for funding for other purposes should be discussed with Visit Winston-Salem staff prior to the submission of an application.

Funds will be disbursed on a reimbursement basis. In order for funding to be received, the applicant must demonstrate that payment has been made to Winston-Salem hotels, venues and/or providers for the funded use as stated in the application and event hotel room pick-up information must be submitted. Within 30 days of the completion of the event, the event planner must forward a complete and accurate hotel room pick-up to Visit Winston-Salem. Room pick-up may be obtained through the use of the Visit Winston-Salem Visitor Services Department’s housing bureau, a third party housing bureau secured by the event planner, or Winston-Salem/Forsyth County hotels reported pick-up (secured by Visit Winston-Salem).

The organization will be reimbursed up to 100% of the awarded funds based on actual hotel room pick-up compared with estimated room nights generated by the event supplied by the meeting planner.

The reimbursement formula is as follows:

<u>% of Estimated Room Nights Picked-up</u>	<u>% of Awarded Funds Disbursed</u>
70%+	100%
50-69%	80%
30-49%	60%
1-29%	40%

Example of reimbursement for funding awarded at \$5,000 level:

<u>Estimated Room Nights</u>	<u>Confirmed Pick-up (Room Nights)</u>	<u>% of Estim. Room Nights Picked-up</u>	<u>% of Awarded Funds Disbursed</u>	<u>Reimbursement</u>
1,000	700-1,000	70%+	100%	\$5,000
	500-699	50-69%	80%	\$4,000
	300-499	30-49%	60%	\$3,000
	299 or less	1-29%	40%	\$2,000

Application – A

1. Organization: _____

2. Name of meeting/event: _____

3. Brief description of meeting/event: _____

4. Convention, meeting, or group tour series bids:

Local _____ State _____ Regional _____ National _____

5. Amateur or professional athletic event:

Local _____ State _____ Regional _____ National _____ Qualifier _____ Youth _____
Adult _____

6. Hotel(s) being used: _____

7. Proposed public facility(ies) being used : _____

8. Estimated total room nights: _____

9. Estimated total attendance: _____

10. Contact information for organization representative:

Name/Title: _____

Address: _____

Phone: _____ Fax: _____

E-mail: _____

11. Amount of funding requested: _____

12. Are you requesting funds from another organization: YES _____ NO _____

If yes, name of organization(s): _____

13. Will event be held regardless of funding from Visit Winston-Salem: YES _____ NO _____

14. How will funding from Visit Winston-Salem impact the success of the event: _____

15. Event History(three year minimum):

Location/Date: _____

Total room night pick up: _____ Attendance: _____

Meeting/Event facility(ies): _____

Location/Date: _____

Total room night pick up: _____ Attendance: _____

Meeting/Event facility(ies): _____

Location/Date: _____

Total room night pick up: _____ Attendance: _____

Meeting/Event facility(ies): _____

Location/Date: _____

Total room night pick up: _____ Attendance: _____

Meeting/Event facility(ies): _____

16. What will funding be used for: _____

I, the undersigned, hereby certify that I have read and understand the application policies and procedures and, that all information included with our application is true and correct. Further, should funding be awarded, I agree to abide by the requirements of this policy related to reporting and documentation of payment for reimbursements.

_____ Organization Authorized Signature, Applicant	_____ Title	_____ Date
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Request Approved _____

Request Denied _____

_____ Visit Winston-Salem Authorized Signature	_____ Title	_____ Date
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