

COLUMBUS/LOWNDES CONVENTION & VISITORS BUREAU (CVB)
Quality of Life Event Advertising/Promotion Grant Program

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117 3rd Street South
P. O. Box 789
Columbus, MS 39703

Grant Application for Quality of Life Event

Project/Event Name: _____

Dates of Project/Event: _____

**Non-Profit Name: _____

**Non-Profit Number: _____

***Attach current Secretary of State filing for 501(c)(3).**

Contact Name: _____ Title: _____

Mailing Address: _____

Email: _____ Phone: _____ Fax: _____

Amount Requested: \$ _____

NOTE: A line item budget must accompany this application.

1. Please give a brief description of the project/event:

2. What is the location of the event? _____

3. What is the anticipated number of visitors who will attend (based on past figures)? _____

a. What is the method which will be used for measuring visitor attendance (survey, interview, etc.)? _____

4. How does this project/event contribute to Columbus/Lowndes County? How is this project/event special from other projects?

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5. Please give a brief summary of your Advertising Plan (dates, times and types of advertising). **Please note you will need to meet with the Director to discuss your Advertising Plan and to have it preapproved before placing your advertising.

6. If your organization has performed a market survey, please describe your demographic audience and/or additional findings:

NOTE: The use of CVB forms is mandatory.
(Forms will be available online or in the CVB office.)

On behalf of the organization identified on this application, I do hereby certify that the submitted application has complied with the Advertising/Promotion Grant Program guidelines of the Columbus/Lowndes Convention & Visitors Bureau, and the information is true and accurate.

Material created through this grant must be used to encourage tourism in Columbus/Lowndes County, must contain the statement "Sponsored by the Columbus/Lowndes Convention & Visitors Bureau," and must carry the CVB logo.

Should I fail to administer all aspects of the guidelines, I further understand the grant may be revoked.

Name of Applicant: _____ Title: _____

Signature: _____ Date: _____

Please deliver the grant application and all attachments to:

Columbus/Lowndes Convention & Visitors Bureau
117 3rd Street South
Columbus, MS 39703