



Grant Application for **Quality-of-Life Event**

COLUMBUS LOWNDES CONVENTION & VISITORS BUREAU (Visit Columbus)

Quality-of-Life Event Grant Program

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Project/Event Name: _____

Dates of Project/Event: _____

**Non-Profit Name: _____

**Tax ID number: _____

****Attach current IRS filing for 501(c)(3).**

Contact Name: _____ Title: _____

Mailing Address: _____

Email: _____ Phone: _____ Fax: _____

Amount Requested: \$ _____

NOTE: This is a reimbursable grant. A budget must accompany this application to be considered for funding. Visit Columbus will reimburse an organization for allowable expenditures when presented with a receipt/documentation. The deadline to submit application is June 30, 2025.

1. Please give a brief description of the project/event including how it is tourism driven and contributes to Columbus / Lowndes County:

2. What is the location of the event? If multiple locations are being used, please list all.

3. What is the anticipated number of visitors who will attend? What is the method which will be used for measuring visitor attendance (survey, interview, etc.)?

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4. Please give a summary of your marketing/advertising/social media plan. If plans are already implemented, please include dates, times, type of print digital or other marketing/advertising/social media platforms. Visit Columbus logo will be provided and should be included on all advertisement for the event.

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

6. Provide an after-action report detailing the success of your program no later than 45 days after event conclusion. The report should include how successful your event was along with supporting data. **An incomplete report or failing to submit an after-action report will affect future funding.** The Columbus Lowndes Convention and Visitors Bureau is responsible for recording and documenting expenses paid by the CVB.

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

Should I fail to administer all aspects of the guidelines, I further understand the CVB Board may revoke funding.

Name of Applicant: _____ Title: _____
Signature: _____ Date: _____

Please **deliver in person** (no mail receptacle) or **email**
the grant application and all attachments to:
Columbus/Lowndes Convention & Visitors Bureau
117 3rd Street South
Columbus, MS 39701

frances@visitcolumbusms.org or sharon@visitcolumbusms.org