

Ste. Genevieve Tourism Tax Commission Marketing Assistance Grant Application

Return completed application in person to City Hall or by mail/email to:

City of Ste. Genevieve
165 S. Fourth Street
Ste. Genevieve, MO 63670
dwoods@stegenevieve.gov

Application due dates: **Minimum 30 days prior to TTC Meeting**
TTC meets the 3rd Tuesday of each month

Requesting Organization: _____

Organization Representative: _____

Contact Information _____ (cell phone)
for Representative: _____ (home or work phone)
_____ (email address)

Name/Description of Event: _____

Amount Being Requested: \$250 _____ \$500 _____ \$1,000 _____ Other _____
(Minimum) (Maximum)

Date(s) of Event: _____

Describe the event or activity you are planning that you need financial assistance for marketing/advertising. Feel free to attach additional information.

Is the event/activity open to the public? YES or NO

Is it free of charge? YES or NO

How many people do you anticipate? _____

Do you require matching funds up front? YES or NO

What other sources of funding will be used to help pay for the marketing/advertising?

How will you be advertising? How will this marketing be scheduled and funded? Describe the social channels/traditional media you plan on using.

Explain how this will encourage tourism for Ste. Genevieve/Ste. Genevieve County.

If the organization I represent is awarded full or partial funding through the Ste. Genevieve Tourism Tax Commission Marketing Grant Program, I/we agree to the following:

1. The event/activity for which the grant is made will be open to the public and free of charge.
2. The City of Ste. Genevieve would like recognition of its contribution to the event/activity as a sponsor/co-sponsor/contributor with the City logo displayed.
3. If programs are printed for the performance the City of Ste. Genevieve can be listed or the logo added.
4. Failure to comply with the stipulations may result in revocation of all or part of the grant.
5. Any and all risks and hazards associated with the event will be assumed by the organization requesting funding.

Signature (authorized representative of requesting organization)

Date

For Office Use Only

Approved / Denied : _____

Approved Grant Amount: _____

Committee Authorized Signature: _____

City Administrator Approving Signature: _____