

**BISMARCK-MANDAN  
CONVENTION & VISITORS BUREAU  
PARTNER EVENT GRANT PROGRAM APPLICATION**



**Event Information:**

Name of event(s): \_\_\_\_\_

Describe the event for which you propose to use requested CVB grant funds (attach another page if needed): \_\_\_\_\_

Event website address: \_\_\_\_\_

Event dates: \_\_\_\_\_ to \_\_\_\_\_

Where will the attendees come from:      State      Regional      National

Location of the event or type of facility needed: \_\_\_\_\_

Total projected attendance: \_\_\_\_\_ local: \_\_\_\_\_ out-of-town: \_\_\_\_\_

Are other partners or groups involved with hosting this event? \_\_\_\_\_

Is this a feeder event? *For example: ND Trapshooting Association must host a successful state tournament to qualify to host a national tournament.*      Yes      No      If so, for what: \_\_\_\_\_

**Event History - if not new:**

How many years has this event been held? \_\_\_\_\_

Site, location, city, state where previous event(s) were held: \_\_\_\_\_

Analytics from last past event(s): Total Hotel Nights: \_\_\_\_\_ Number of Participants: \_\_\_\_\_

Has the BMCVB provided any support in the past, and if so, what? \_\_\_\_\_

Anything else that you think is pertinent to this section (attach another page if needed): \_\_\_\_\_

**Organization must provide - the following attachments must be sent with the application:**

- \* A plan on how you will target and draw non-local attendees and/or visitors      \* Filled out W-9
- \* Zip/postal code report of attendees/participants from previous year(s) (does not apply to first-time events)

**Only complete applications will be considered for funding.**

I understand and agree to the terms and requirements listed herein. I also understand that falsifying any information regarding the awarding of or evaluation of this grant entitles the Bismarck-Mandan Convention & Visitors Bureau to revoke the award and any of or all monies paid in good faith of the grantee's assumed integrity.

Requestor Name: \_\_\_\_\_ Requestor Signature: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Date: \_\_\_\_\_

**If awarded, write check out to:** \_\_\_\_\_

**For Bismarck-Mandan Convention & Visitors Bureau's purposes only:**

Approved:      Amount: \_\_\_\_\_

Denied: