

**City of Mauston Room Tax Committee - Event Support Grant Application**

**\*\*\*Please Type or Print Legibly\*\*\***

Quarter	Application due date	Room Tax will review applications
1 <sup>st</sup>	January 31	February Meeting
2 <sup>nd</sup>	April 30	May Meeting
3 <sup>rd</sup>	July 31	August Meeting
4 <sup>th</sup>	October 31	November Meeting

Please Note: The Opportunity to apply for Room Tax Funds is limited to a period of time publicly posted. It is recommended you submit your request at least 3 months prior to your project/event/program. Applications for funds are due no later than 4 p.m. on each due date listed above.

**Submit to: Mauston City Hall, Attn: Room Tax Committee, 303 Mansion St. Mauston, WI 53948-1329**

Once your application is received, you will receive an agenda in the mail indicating the date and time of the meeting that the Room Tax Committee will review your application. While it is not necessary to attend the meeting, you are more than welcome to attend to answer any questions that may come up.

Not every question on this application will apply to all projects/events/programs, however providing more detailed information will better enable the Committee to understand how the request will best benefit overnight tourism. Upon completion of the project/event/program, organizations will be responsible to submit paid receipts to receive approved funding, as well as to provide examples of the project/program and its effectiveness. Failure to provide examples of completed projects/event/programs and proof of expenditures will jeopardize future funding.

All projects/events/programs that receive funding will be required to allow Raven – the official Mauston Pumpkin Bash mascot w/brochures along with a “Sponsored in part by the Mauston Room Tax Committee” sign at their event and have [www.VisitMauston.com](http://www.VisitMauston.com) on all event promotional material and websites.

All projects/events/programs that are approved for funding will also receive free advertising on our video informational screens in 3 locations (2 in Mauston, 1 in Johnson Creek) and advertising on the Visitor Information Kiosk located across from the Carr Valley Cheese store on Highway 82 East. This free advertising will start 30 days prior to the project/event/program. Longer advertising terms are available for purchase.

Proposal Name: \_\_\_\_\_ Date/s of event: \_\_\_\_\_

Event Address, City: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

Contact Mailing Address: \_\_\_\_\_

Requested on behalf of what group? \_\_\_\_\_

Please list board members and Officers: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you a Tax Exempt Organization?  Yes  No Tax Exempt Number: \_\_\_\_\_

Are you a Profit or Non-Profit Organization: \_\_\_\_\_

Who maintains funds and finances for the organization? \_\_\_\_\_

Years the organization/group/agency has been in operation? \_\_\_\_\_

**\*\*The Committee reserves the right to review the organization’s most recent tax statement.**

Purpose or Mission of the organization/group/agency:

Please indicate which category your project falls in to. If multiple categories, indicate the amount requested for each.

Category	Amount Requested
Internet-Driven Marketing	
Other Marketing (please specify)	
Other Marketing (please specify)	
Event	
Creative Marker/Banner	
<b>Total Amount Requested:</b>	

Please describe the project/event/program.

How it will generate **overnight lodging** in Mauston and in what ways do you plan to track this?

Explain how past project/event/program (if applicable) has impacted **overnight lodging** in Mauston.

Explain what impact your project/event/program will have on all other Mauston businesses (in addition to lodging) including any ways you plan to track this impact.

Will the proposed project/event/program generate revenue? \_\_\_\_ Yes \_\_\_\_ No

If yes, will revenue exceed the amount of expenses, and if so, what is typically done with that revenue?

Estimate how many people and what geographic range will be targeted by any promotions or advertising.

Will the proposed project/event/program include paid advertising or sponsorships from other outlets and if so, please list the groups/sponsors and their committed contributions. Use additional sheets if needed.

Group/Sponsor	Committed Contributions

Please provide the following information you would like to see used in your free advertising provided by the committee:

5-10 key words or brief phrases describing the event: \_\_\_\_\_

any costs or fees you would like listed: \_\_\_\_\_

Phone number, e-mail address and/or website address/es: \_\_\_\_\_

Would you like an email proof of the free advertising before it goes on-line?  Yes  No

Please include any other information or materials you believe will help the Committee better evaluate your request: