



Greater Mauston Tourism Association - Event Support Grant Application

Please Type or Print Legibly

Applications will be considered no later than the GMTA meeting one month prior to the project/event/program. Meetings are held on the second Wednesday of each month at 5 pm at the Mauston City Hall. At least one member of the Applicant Group is required to attend the meeting at which their application will be reviewed.

Applications must be submitted by 4 pm on the first Wednesday of the month prior to the project/event/program to: Mauston City Hall, Attn: GMTA, 303 Mansion Street, Mauston WI, 53948-1329.

Fill out the application as thoroughly as possible. The more info you provide, the easier it will be for GMTA to evaluate the request will benefit overnight tourism.

After the project/event/program, before funds are distributed, organizations are required to submit paid receipts and provide examples of the effectiveness of the event. Failure to provide examples of completed projects/events/programs and proof of expenditures will jeopardize future funding.

All projects/events/programs that receive funding will be required to:

- Display an approved GMTA logo and/or note "Sponsored in part by the Greater Mauston Tourism Association" on all advertising and social media for the project/event/program.
• Share the GMTA web address, www.mauston.com/tourism on the group's website and social media event page.
• Tag GMTA in social media posts and list GMTA as a co-sponsor on the Facebook Event page (if applicable.)
• Display the GMTA sign at the location of the project/event/program, if available.

GMTA may provide advertising of approved projects/events/programs on our digital sign, and through social media sharing of content that you post and tag GMTA in.

AMOUNT REQUESTED: _____

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 describe the project/event/program.

How it will generate **overnight lodging** in Mauston and in what ways do you plan to track this? If you have had a past project/event/program how has that 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.

The marketing budget for the project/event/program. Please list other funding sources for marketing.

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: