

Contact: Marisa Maudsley
Communications & Marketing Officer
mmaudsley@mtcrestedbuttecolorado.us
(970)349-6632



911 Gothic Rd / POB 5800
Crested Butte, CO 81225

Admissions Tax Grant Application Form

Full Name: _____ Date: _____
Last First M.I.

Business Name: _____

Address: _____ City: _____ State: _____

Phone: _____ Email: _____

Event Location: _____ Event Date: _____

CATEGORY

Please reference the Admissions Tax Marketing Funds Grant Program Guidelines to select the correct category for your application.

Event: Signature Event Destination Event Community Growth & Fundraising Event

Traditional Marketing: Lodging Business Community

SUMMARY OF EVENT/PROGRAM PROPOSED (500 characters or less)

HOW DOES THIS PROGRAM/EVENT FIT INTO THE GOALS & OBJECTIVES OF THE AD TAX GRANT PROGRAM?

BUDGET/FINANCIAL INFORMATION

Annual organization/company budget: \$ _____

Requested amount of funding for program/event: \$ _____

Estimated return on investment the program/event will provide: \$ _____

Have you received or applied for other funding for this program or event?

- YES (if yes, from what organization and how much?) _____
- NO

HOW WILL THE FUNDS YOU'RE REQUESTING BE SPENT (please be as detailed as possible)?

ARE YOU REQUESTING MARKETING FUNDS FOR THIS EVENT/PROGRAM?

YES

NO

○ If yes, what type of marketing do you plan on utilizing? _____

○ If yes, what geographic and demographic areas will you be targeting? _____

○ If yes, how will you track and evaluate your marketing efforts for effectiveness? _____

These evaluation methods will be used in any follow-up reporting of the program to the Town Council if the grant is awarded.

OTHER CONSIDERATIONS

Are there any other considerations town council should be aware of? Any additional information you'd like to provide with your application? (500 characters or less)

Signature: _____ **Date:** _____