

2026 Admissions Tax Grant Application Form

Full Name:		Date:		
Business Name:				
Address:	City:	State:		
Phone:	Email:			
Name of Event/Program:				
Event Location:	Event Date:	Attendee Goal:		
	N (check one) tional requirements, you are not eligible to app) or 501(c)(6) organization)			
Event : Signature Event	t Program Guidelines to select the correct cate Destination Event	ty Growth & Fundraising Event		
SUMMARY OF EVENT/PROGRA	AM PROPOSED (Required)			

HOW DOES THIS PROGRAM/EVENT FIT INTO THE GOALS & OBJECTIVES OF THE ADMISSIONS TAX GRANT PROGRAM, AND THE CATEGORY YOU ARE APPLYING FOR? (Required)				
l				
BUDGET/FINANCIAL INFOR	MATION			
Total cost of event/marketi	ng: \$	Reque	ested grant fu	nds: \$
Amount of funds your organ		•		: \$
Estimated monetary return Net return. If there is little to no mon	. •	•	, .	
Estimated total tax the prog	gram/event will pr	ovide to the	Town: \$	
How much revenue do you estimate estimate by using the total tax collections.				
				Tax Collected

MTCB Revenue Source	Revenue	Tax Rate	Tax Collected (Revenue x Tax)
Room Rental		7.9% Lodging Tax	
Ticket Sales		4% Admissions Tax	
Restaurant Sales		5% Sales Tax	
Retail Sales		5% Sales Tax	
TOTAL TOWN RETURN			

ve you received or applied for other funding for this program or event? — YES (if yes, from what organization and how much?)
TES (II yes, from what organization and now much?)
□ NO
RE YOU REQUESTING MARKETING FUNDS FOR THIS EVENT/PROGRAM?
☐ YES ☐ NO
If yes, what type of marketing do you plan on utilizing (check all that apply)? Digital Advertising: ☐ Instagram ☐ Facebook ☐ YouTube ☐ TikTok ☐ Google Display Ads ☐ Google Search Ads Print Advertising: ☐ Flyers ☐ Newspaper Ads ☐ Magazine Ads ☐ Mailers
Other: Email Campaign Radio Ads Other:
Please explain in detail the purpose of each channel you plan to utilize, and the goals/benchmarks associated with each.
If yes, what geographic and demographic areas will you be targeting?
If yes, how will you track and evaluate your marketing efforts for effectiveness? Evaluation methods will be used in any follow-up reporting of the program to the Town Council if the grant is awarded.

HOW WILL THE FUNDS YOU'RE REQUESTING BE SPENT?

i.e., You request $$10,000$ in marketing funds, how will it be spent? $$5,000$ on For an event; how will those funds be spent? $$5,000$ band, $$3,5000$ on food, extended.	
☐ Required: I have attached a detailed budget for	my event/program.
MONETARY VALUE (only required for a non-profit of a understand it is required as a non-profit or government the event/marketing in ways of fundraising, don ticket sales that will positively benefit the organization and/or help grow programming.	ernment organization that we benefit from ations, merchant, vendor, registration, or
Please explain how you plan to meet this requireme	nt:
OTHER CONSIDERATIONS What other information about your event/programs important to the organization? How does it fit into the organization?	
Signature:	Date: