



FY2021/22 OTTDA GRANT APPLICATION

Name of Organization:

Name of Applicant:

Mailing Address:

Organization Telephone Number:

Applicant Mobile Number:

Email Address:

List of Current Organization Board Members:

EVENT INFORMATION

Name of Event:

Event website:

Event Date:

Event Location(s):

Year established:

DESCRIPTION

Provide a brief description of your event:

Explain goals and objectives for the event:

PARTNERS

Identify additional organizations involved in hosting event?

BUDGET

What is the total dollar amount event Budgeted for this event?

Total amount of TDA Funding requested to support the event?

Please attach:

- A profit and loss statement for the last fiscal year of the applicant entity.
- A profit and loss statement from previous year event was successfully held if the event is a repeat event.
- An itemized budget for your event.

IMPACT

Anticipated number of participants (exhibitors, runners, etc.)



Anticipated number of attendees (visitors or spectators at the event)

List hotels, motels, and other locations planned to be used for this event:

Requests: (Attach additional sheets if needed.)

A) MARKETING OF EVENT FOR THE PURPOSES OF ATTRACTING PARTICIPANTS AND ATTENDEES

(Be specific in expense breakdown.)

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

B) RENTAL OF FACILITIES TO HOST THE ACTUAL EVENT

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

C) PRIZE MONEY TO CONTESTANTS

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

D) INCENTIVE TO HOST EVENTS/EVENT FEES

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

E) CATERING AND HOSPITALITY FUNCTIONS FOR PARTICIPANTS AND ATTENDEES OF EVENT

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

F) OTHER (Be Specific.)

_____	\$ _____
_____	\$ _____



_____ \$ _____
_____ \$ _____

Total amount of TDA Grant Funding requested \$ _____

If requesting or receiving these line items from any other granting organization, please specify:

If this project has been held previously, include a copy of the budget from the previous year.

The undersigned hereby certifies:

I have reviewed the attached grant application for the Ocracoke Township Tourism Development Authority. I understand the grant funding requirements stated therein. I assert that the information in this application and any attachments are accurate and complete to the best of my knowledge. I realize that the TDA and the Grants Committee will rely upon these representations. I understand that the phrase "Funded in part by the OCRACOKE TOWNSHIP TDA" plus the TDA logo and website address, www.VISITOCRACOKENC.com, will appear on all promotional materials, plus allow a TDA representative to set up a booth, tent, or other visible structure at the event or program.

SIGNATURE _____

Date _____

PRINT NAME _____

Return this application to Martha Garrish at mgarrish@visitocracokenc.com or Jen Mongan at jmongan@visitocracokenc.com or mail to Ocracoke Tourism Development Authority P.O. Box 466 Ocracoke NC 27960. Please attach additional documentation as needed. The OTTDA may request more information as deemed necessary. All applicants will be notified by letter after the May 21, 2021, OTTDA board meeting. The status of your application will not be discussed by telephone prior to notification of all applicants. If you have questions, please email info@visitocracokenc.com with the subject line 2021 OTTDA Grant.