

**Statesville Convention and Visitors Bureau**  
**APPLICATION FOR GRANT FUNDS FOR SPECIAL EVENTS, TOURISM**  
**AND CULTURALLY-RELATED ACTIVITIES**

1. ORGANIZATION/AGENCY:			
2. ADDRESS:			
3. PROJECT DIRECTOR:		DAYTIME PHONE:	
4. PROJECT NAME:			
5. PROJECT BEGIN DATE:		TO BE COMPLETED:	
6. TOTAL PROJECT BUDGET: (This line should match the total of items A through E in Line 16)			
A. Amount of Statesville CVB Grant Funding Requested: \$			
B. Funds to be Provided by Applicant: \$			
Source of Project Funding:			
		Amount \$:	
		Amount \$:	
		Amount \$:	
		Amount \$:	
7. SOURCE OF ORGANIZATION/AGENCY OPERATING FUNDS:			
8. DOES YOUR ORGANIZATION/AGENCY RECEIVE ANY TAX FUNDING?			YES
			NO
If so, how much?			
Is source of Tax Funding:	Local	State	Federal
Does organization receive funding from a Foundation(s):      YES      NO			
If funding has been received from a Foundation(s) in this current fiscal year, please list the foundation(s) and the amount received (Attach an additional sheet if necessary)			
9. IS YOUR ORGANIZATION/AGENCY		FOR PROFIT	NON-PROFIT
10. WHAT IS YOUR ORGANIZATION/AGENCY ANNUAL BUDGET?			

**11. NARRATIVE DESCRIPTION OF PROJECT (Include needs assessment/purpose of project, outline of project procedure, intended results of project.)**

**12. PROJECT JUSTIFICATION AND ECONOMIC BENEFIT/IMPACT TO THE VISITOR INDUSTRY:**

**13. ANTICIPATED VISITOR ATTENDANCE:**

**14. ANTICIPATED IMPACT ON HOTEL/MOTEL OCCUPANCY:**

**15. ANY ADDITIONAL COMMENTS THAT SUPPORT THE NEED FOR PROJECT AND/OR PROJECTS MERIT AS AN EVENT OR ACTIVITY DESIGNED TO ENHANCE STATESVILLE AS A TRAVEL DESTINATION:**

16. TOTAL PROJECT BUDGET – Indicate where Statesville CVB funds would be used. (Attach sheet if needed.)	
A. SPECIAL EVENTS/PROJECTS (Be specific in expense breakdown)	
	\$
	\$
	\$
	\$
B. MARKETING PROMOTIONS (If paid media, specify name/type of media publication and date of airing/appearance; if audio visual, specify slides, film, video, etc; for all other, be specific in expense breakdown. Marketing must reach outside of Statesville in at least a 50 mile radius. (Attach sheet if needed.)	
	\$
	\$
	\$
	\$
C. COLLATERAL MATERIAL (Specify type and number printed, include breakdown of design, layout and printing cost.)	
	\$
	\$
	\$
	\$
D. CAPITAL IMPROVEMENTS	
	\$
	\$
	\$
	\$
E. OTHER (Be specific.)	
	\$
	\$
	\$
	\$
TOTAL PROJECT BUDGET (This line should match Line 6.)	
	\$

Name and address as it should appear on Check:

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SIGNATURE (Project Director)

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DATE

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SIGNATURE (Authorized Administrative Official)

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DATE

**RETURN APPLICATION TO:**  
Statesville Convention and Visitors Bureau  
118 West Broad Street, Suite A  
Statesville, NC 28677  
Phone: 704-878-3480

**ALL APPLICANTS WILL BE NOTIFIED BY LETTER.**

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**IF YOU HAVE ANY QUESTIONS OR NEED ASSISTANCE IN FILLING OUT THIS APPLICATION,  
PLEASE FEEL FREE TO CONTACT DONNA VANSTORY @ 704-878-3480**