



City of Hudson, Wisconsin

ROOM TAX FUND EVENTS AND ACTIVITIES 2012 GRANT PROGRAM APPLICATION

Please complete the following questions, as applicable, and return to the City of Hudson, Attn: Grant Fund Board, 505 Third Street, Hudson, WI 54016 by **4:00 p.m.** on **Friday, February 17, 2012.**

Name of Event: _____

Date(s) of Event: _____

Location/distribution area: _____

Organization you represent: _____

Contact Name: _____

Address: _____

Phone(s) #: _____ / _____ / _____

Fax #: _____

Email: _____

1. Describe the event in detail: (Preference may be given to groups hosting annual events expected to draw 1,000 or more participants)

2. Is the event expected to impact overnight stays in the Hudson area?

3. If yes, describe the expected impact and how it was determined. Use past data to support projected impact for this project, if this is not the first year.

4. Will there be a marketing plan that may be employed in conjunction with promotion of the event? Is so, please summarize:

5. Will you be obtaining or attempting to obtain funding from another source? If yes, please explain who and how much.

6. Is your organization registered with the State of Wisconsin as a non-profit organization?

7. Is there any other information you feel may be helpful?

(Attach more pages, if necessary)