

Team Indiana Grant Application

Effective January 1, 2020



1. Applicant's Information

Organization Name: _____
Non-profit designation: _____
Federal Tax ID #: _____
Mailing Address: _____
City, State, Zip: _____
Point of Contact: _____
Job Title: _____
Email Address: _____
Phone Number: _____

2. Grant Sponsor's Information

**The CVB or Sports Commission in the community hosting the event can serve as a grant sponsor. Team Indiana can help make this connection if needed.*

Organization Name: _____
Non-profit designation: _____
Federal Tax ID #: _____
Mailing Address: _____
City, State, Zip: _____
Point of Contact: _____
Job Title: _____
Email Address: _____
Phone Number: _____

3. Funding

Grant Amount Requested: _____

Explain how the grant funds will be used - *Please be as specific as possible:*

Amount of funding from the applicant and/or Grant Sponsor (if applicable): _____

Explain how the grant funds will be used - *Please be as specific as possible:*

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4. Event Information

Event Name: _____

Event Dates: _____ TO _____

Host City/Cities: _____

Rights Holder: _____

Event Director: _____

Email Address: _____

Phone Number: _____

Is this event secured through a bid? YES _____ NO _____

Is the event sanctioned by a National or State Governing Body? YES _____ NO _____

Governing Body: _____

Have the facilities been secured? YES _____ NO _____

Proposed facilities:

How will room nights be tracked? _____

Are rooms contracted? YES _____ NO _____

Event Summary (describe the format, qualifying criteria, ages, etc.):

5. Event History

Previous Location: _____ Date: _____

Total Participants: _____ Total Spectators: _____ Room Nights: _____

Previous Location: _____ Date: _____

Total Participants: _____ Total Spectators: _____ Room Nights: _____

Please list any years this event has been or will be hosted in this community:

Please list other locations and years that this event has been hosted in Indiana:

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The grid should be completed with daily estimates for room nights, participants, and spectators. Housing dates may differ from the actual event dates due to travel, set up, tear down, etc.


Housing Dates:							
Room Nights/Day:							
# of Participants/Day:							
# of Spectators/Day:							
Attendance Totals/Day:							

Total Estimated Room Nights: _____ Total Contracted Room Nights: _____

Estimated Attendee Days (total daily participants + spectators): _____

% Local Attendees (live within 50 miles): _____

Please explain how this event will have a positive impact on the State, the community, and the relationship between the community and rights holder.



Describe how you will recognize Team Indiana and Visit Indiana. Examples include: signage, marketing materials, social media, naming rights, and in-game exposure on video board, PA system, ribbon board, scorer's table.

Location of Team Indiana banner:

Other:

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Organization responsible for the budget as presented: _____

Item	Projected	Explanation:
Admissions		
Contributions		
Grants		
Sponsorships		
Rebates		
Other (explain)		
Total Income:		

Item	Projected	Explanation:
Travel		
Housing		
Food		
Sanction Fees		
Rights/Guarantee Fees		
Officials		
Awards		
Equipment		
Rentals		
Insurance		
Security		
Labor		
Marketing/Promotion		
Administrative Costs		
Other (explain)		
Other (explain)		
Other (explain)		
Total Expenses:		

Net Surplus (Loss):		
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9. Agreements - Applicant

**Please initial to indicate that you agree to the following responsibilities*

- ☐ Submit all Post Event report documents withing 60 days following the event
- ☐ Give recognition to Team Indiana and Visit Indiana as described in the application and approved by the Grant Committee
- ☐ Include photos, marketing materials, etc. to show how the Team Indiana and Visit Indiana logos were displayed during the event
- ☐ Input event data into the Sports Economic Impact Calculator. Rights Holders must provide the information to their Grant Sponsor to complete this task.
- ☐ By participating in this grant program, you agree to allow your information to be included in Team Indiana economic impact reporting.

****I hereby certify that I have read and understand the Team Indiana Grant Application Guidelines, Policies and Procedures, and that all information included in the application is true and correct.***

Name: _____

Title: _____

Signature: _____

Date: _____

10. Agreements - Grant Sponsor

**Please initial to indicate that you agree to the following responsibilities*

- ☐ Submit a cover letter in support of the event
- ☐ Confirm the validity of the room nights and attendance numbers projected in the application and reported in the post event data
- ☐ Input the post event data into the Sports Economic Impact Calculator

****I hereby certify that I have read and understand the Team Indiana Grant Application Guidelines, Policies and Procedures, and that I support this event and the information in the application.***

Name: _____

Title: _____

Signature: _____

Date: _____