**Team Indiana Grant Application**

*Effective January 1, 2021*

## 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

**If the applicant is an event owner, the CVB or Sports Commission in the community hosting the event needs to serve as a Grant Sponsor. Team Indiana can help make this connection if needed. A grant sponsor is not required if the destination is the applicant.*

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:*

| |
|---|
| |

## 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:

| |
|---|
| |

## 6. Economic Impact

*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: | | | | | | | |
| Daily Participant Total: | | | | | | | |
| Daily Spectator Total: | | | | | | | |
| Daily Attendance Total: | | | | | | | |

Total Event Days: _____

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

Estimated Attendee Days (Sum of the daily attendance totals): _____

% 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 destination and event owner.

## 7. Recognition

*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:

## 8. Event Budget

Organization responsible for the budget as presented: _____

**REVENUE**

| **Item** | **Projected** | **Explanation:** |
|---|---|---|
| Tickets | | |
| Team Registrations | | |
| Grants | | |
| Sponsorships | | |
| Rebates | | |
| Other (explain) | | |
| **Total Income:** | | |

**EXPENSES**

| **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):** | | |

**Additional budget explanations, including the financial arrangement between Event Owner & Destination:**

## 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: _____