



# Event Funding Application

Organization Name: \_\_\_\_\_ Name of Event: \_\_\_\_\_

Contact(s): \_\_\_\_\_ Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Web Site: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Event Date(s): \_\_\_\_\_ Estimated # of Attendees: \_\_\_\_\_ (# from Outside Community): \_\_\_\_\_

Estimated Number of Hotel Rooms each night: \_\_\_\_\_ # of Nights: \_\_\_\_\_

This is a \_\_\_\_\_ recurring event for Greater Mankato OR \_\_\_\_\_ new event with possibility of becoming a recurring event.

Requested Amount of Funding: \_\_\_\_\_ Have you been funded by the CVB before? \_\_\_\_\_ When? \_\_\_\_\_

How will Visit Mankato be recognized as a supporter of this event?

\_\_\_\_\_  
\_\_\_\_\_

Provide program description including how the event will be marketed and how CVB funds would be used:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\* You may attach ONE more page if necessary.

### Will you need any of the following from the CVB for your event?

- |                          |                        |                               |
|--------------------------|------------------------|-------------------------------|
| _____ Bidding assistance | _____ Site Inspections | _____ Name Tags (nominal fee) |
| _____ Shuttle Service    | _____ Program Planning | _____ Other                   |
| _____ Hospitality Table  | _____ Spousal Tours    |                               |

For full consideration, submit Event Funding Application, event budget, event schedule at least 90 days prior to event to:

Visit Mankato  
Mankato Place Mall  
12 Civic Center Plaza, Ste #1645  
Mankato, MN 56001  
Email: visitors@greatermankato.com Fax: 507.345.8376