



Village of South Jacksonville

301 Dewey Drive, South Jacksonville, IL, 62650

Phone: 217-245-4803 Fax: 217-245-5641

www.southjacksonville-il.gov

TOURISM GRANT APPLICATION

Name of Organization: _____

Contact Person: _____
(Last) (First) (Middle Initial)

Current Address: _____
(Street Address)

(City) (State) (Zip Code)

Telephone Number: (_____) - _____ - _____

Date of Event: ____/____/____ Name of Event: _____
Month/Day/Year

Amount Requested: \$ _____

HOW EVENT PROMOTES TOURISM IN SOUTH JACKSONVILLE

How does your event promote tourism, conventions, and other events within the city? _____

How does your event attract non-residents? _____

If your application is accepted, how would the tourism funds be used? _____

To the best of my knowledge, the information given to the Village of South Jacksonville Tourism Committee concerning the above event is true and accurate. Any funds received will be used strictly for the purposes in this

application. I understand that the Village of South Jacksonville Tourism Committee may require receipts for verifying expenditures.

 (Signature of Applicant) (Title) (Date)

Detailed Budget

Event: _____

Date of Event: ____/____/____
 Month/Day/Year

Date of Application: ____/____/____
 Month/Day/Year

Sponsor: _____

Income (Estimated) Actual Last Year 20__ Estimated Present Year 20__
OR
First Annual Budget

Rental of Booths	\$	\$
Entry Fees/Gate Receipts		
Donations/Sponsorships		
T-Shirts and Souvenirs		
Food and Drinks, etc.		
VOSJ Tourism Grant		
Other: (Explain) _____ _____ _____		
Total Income	\$	\$
Expenses (Itemized)		
Advertising	\$	\$
T-Shirts and Souvenirs		
Food, Drinks, etc.		
Labor Costs		
Entertainment		
Supplies		
Postage		
Rentals		
Insurance		
Other: (Explain) _____ _____ _____		

Total Expenditures	\$	\$
Estimate Value of In-Kind Services: (Explain) _____ _____ _____	\$	\$

Summary of Event

Name of Organization: _____

Contact Person: _____
(Last)
(First)
(Middle Initial)

Telephone Number: (_____) - _____ - _____

Address: _____
(Street Address)

(City)
(State)
(Zip Code)

Date of Event: ____/____/____
Month/Day/Year

Amount of Award: \$ _____

Date Granted: ____/____/____
Month/Day/Year

Attendance: _____

Village of South Jacksonville Hotel/Motel Rooms Used: _____

Average Stay (# of nights): _____

If Village of South Jacksonville motels sold out, list other accommodations that attracted overnight visitors:

Comments: _____

Describe the general impact this event had on the Village of South Jacksonville Community: _____

Describe the Success of this event: _____

Profit and Loss Summary of Event

Income (Estimated)

Estimated Present Year 20__

Rental of Booths
 Entry Fees/Gate Receipts
 Donations/Sponsorships
 T-Shirts and Souvenirs
 Food and Drinks, Etc.
 VOSJ Tourism Grant
 Other: (Explain) _____

\$

Total Income

\$

Expenses (Itemized)

Advertising
 T-Shirts and Souvenirs
 Foods, Drinks, Etc.
 Labor Costs
 Entertainment
 Supplies
 Postage
 Rentals
 Insurance
 Other: (Explain) _____

\$

Total Expenditures

\$

**Estimate Value of In-Kind
 Services: (Explain)**

\$

Please use the space below for any additional information. Examples of promotional materials must also be submitted with Summary of Event form.

To the best of my knowledge, the information given to the Village of South Jacksonville Tourism Committee concerning the above event is true and accurate. Any funds received will be used strictly for the purposes in this application. I understand that the Village of South Jacksonville Tourism Committee may require receipts verifying expenditures.

(Signature of Applicant) (Title) (Date)

Failure to complete this form within 60 days of the above event date may result in denial of funds for future events. Mail this form to:

**The Village of South Jacksonville Tourism Committee
c/o Village Clerk's Office
301 Dewey Drive
South Jacksonville, Illinois, 62650
Attention: Village of South Jacksonville Tourism Committee**