

## City of Green Bay Tourism Event Grant Application

This competitive grant program has been established to provide direct operating and marketing assistance grants to organizations that host and operate existing or new tourism events that can demonstrate one or more of the following impacts:

- Significant visitor spending in the local retail, dining and entertainment sectors.
- Significant impacts to overnight hotel stays in Green Bay hotels.
- Significant attraction of visitors from targeted markets.
- Significant increase in visitors' duration of stay in Green Bay.
- Direct impacts to the viability and success to local small businesses.
- Significant expansion of the scope of an existing event.

Eligible applicants include any organization that is responsible for hosting and operating an event within the City of Green Bay. Competitive applications will include events that can demonstrate a significant impact in terms of unique visitors and overnight hotel stays within the City of Green Bay on a per event or event year basis.

Benefits of using these funds for this purpose include:

- Directly supports the continued recovery of small businesses, especially restaurants and entertainment venues.
- Directly supports the tourism and hotel industry and encourages overnight stays, and thus contributions to room tax revenue.
- Can potentially be leveraged with other tourism funding from the State of Wisconsin.
- Targets support for events that can have the biggest economic impact on the City.
- Meets the small business assistance and tourism enhancement national objectives of ARPA funding.

Selected events will receive a one-time payment and be subject to a formal grant agreement.

### **Submittal Instructions**

Email a PDF of the completed application form and any attachments to:

[neil.stechschulte@greenbaywi.gov](mailto:neil.stechschulte@greenbaywi.gov)

Application period is open until funds are exhausted. Applications will be evaluated on a case-by-case basis. The City reserves the right to consider different amounts than what was requested at its sole discretion. Grant awards will be subject to the approval and execution of a formal grant agreement.

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## SECTION 1. APPLICANT INFORMATION

Event Name: \_\_\_\_\_

Organization Legal Name: \_\_\_\_\_

Doing Business As (Optional): \_\_\_\_\_

Organization Street Address: \_\_\_\_\_

Organization City: \_\_\_\_\_

Organization State: \_\_\_\_\_ Organization Zip code: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Organization Website, if any (URL): \_\_\_\_\_

Federal Employer Identification Number (EIN): \_\_\_\_\_

Federal Unique Entity Identifier (UEI): \_\_\_\_\_

Remit Contact Person (If different from contact person above): \_\_\_\_\_

Remit Organization Street Address: \_\_\_\_\_

Remit City: \_\_\_\_\_

Remit State: \_\_\_\_\_

Remit Zip code: \_\_\_\_\_

*(Please include a copy of your organization's W-9 with this application.)*

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## SECTION 2: TOURISM EVENT NARRATIVE

- A. *Event Description.* Describe the local, regional, national or international tourism nature of the proposed event's draw. Indicate if this is a new or continuing event. (If this is a continuing event, please indicate the attendance and budget for past events.)
  
- B. *Market Impact.* Describe the location(s) of the event and the types and projected numbers of tourism visitors and overnight hotel stays for the event. Please explain how else the event's success will be measured.
  
- C. *COVID Impact:* If applicable, describe how the proposed event was impacted by the COVID-19 pandemic (e.g., delayed from previously planned schedule) and/or more broadly how the pandemic negatively impacted the community in which the project will be located.
  
- D. *Project Readiness.* Describe the overall schedule for organizing and hosting this event, including when the event will be held, or if a repeating event, how often will it be held between now and December 31, 2024?
  
- E. *Project Sustainability.* Describe the sustainability plan for the project, including what entity will be responsible for operating and maintaining the event, any formal commitment to continue the event, and investment of funds already been committed for future events?
  
- F. *Justification of Need for Grant Funds.* Describe why these grant funds are needed to assist your event.

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## SECTION 3: EVENT BUDGET

Identify expenses for which grant funding is requested (May 20, 2022 through December 31, 2024). Similar expenses may be grouped on a single expense description line. A maximum of \$50,000 for grant funds is recommended, but higher amounts may be considered for projects of greater impact.

Anticipated Expense Date	Expense Description	Anticipated Expense Amount	Grant Funds Requested

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## SECTION 4. ATTESTATIONS AND REQUIRED SIGNATURE

### Attestations

In accordance with applicable provisions of the Federal American Rescue Plan Act of 2021 and Tourism Capital Grant Announcement provisions, eligible applicants must certify the following:

Yes	No	
		1. The applicant is a unit of local government, a Tribal government, or an organization with 501(c)3 or 501(c)6 tax-exempt status.
		2. If the applicant is a 501(c)3 or 501(c)6 organization, the applicant is registered with the Wisconsin Department of Financial Institutions and has one of the following statuses as of the Grant Announcement closing date: “restored to good standing”, “incorporated/qualified/registered”, “organized”, or “registered”.
		3. The applicant conducts operations and has an administrative presence in Wisconsin.
		4. The applicant will maintain for at least five years records sufficient to demonstrate that the expenses were compliant with applicable American Rescue Plan Act provisions.
		5. The applicant has exercised reasonable care and made all reasonable efforts to obtain and submit accurate information.

### *Applicant Authorized Representative*

The signatory below certifies that, to the best of his/her knowledge and belief, the information contained in this City of Green Bay Tourism Enhancement Grant Application, including all attestations and attachments, is true, accurate and complete. The undersigned has authority to make the above attestations and the intent and legal authorization to agree to them on the organization’s behalf.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

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SECTION 5. POST EVENT REPORTING (This form is to be completed after an award is granted and the event is held.)

Event Name: \_\_\_\_\_

Organization Legal Name: \_\_\_\_\_

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

- A. Please provide an overnight stay report (actual or estimated), including total stays in the Greater Green Bay area.
  
- B. Please provide program or event attendance.
  
- C. Please provide a recap of marketing measures of success for all funds applied to marketing efforts, including but not limited to targeting information (location or marketing trade areas, age, gender, timeframe), number of impressions, follows, likes, and click through rates.
  
- D. What is the future of the event?
  
- E. How was the event publicized?  
\_\_\_ Website \_\_\_ Social Media \_\_\_ Staff \_\_\_ Publication \_\_\_ Press Release \_\_\_ TV / Radio  
\_\_\_ Other: \_\_\_\_\_
  
- F. Identify any ways that this event primarily served disproportionately impacted communities (e.g. location in a qualified census tract, hiring of low to moderate income persons, etc.).

*The grant recipient and organization represent and warrant that the responses in this follow up report are true and accurate.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

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Staff Use Only:  Verified QCT Location  Primarily serving disproportionately impacted communities