

Please answer the following questions about your organization. All questions must be answered.

1. What is your Grant Request to Rock Falls Tourism directed toward?

- Capital Projects
 Program Oriented Events
 Debt Reduction

2. Does your event reflect Rock Falls, Illinois and/or Whiteside County in a positive manner?

- YES NO

3. Does your event demonstrate a positive impact on overnight stays and tourism in Rock Falls, Illinois?

- YES NO

4. Does your event precede the application for grant funding?

- YES NO

5. Does your event promote youth events, tourism activities and/or encourage community involvement to enhance the image of Rock Falls, Illinois?

- YES NO

6. Does your event reach individuals seldom served due to geography, economic conditions, ethnic background, youth, and the elderly or due to disabilities?

- YES NO

7. Do you have processes to measure the impact of your event in addition to reporting the number overnight stays in the Rock Falls, Illinois hotels due to your event?

- YES NO

I, the undersigned, understand the following:

- o The submission of a pre-screening application does not guarantee an award
- o To my knowledge information provided is true and accurate
- o Failure to comply with the requirements of the Rock Falls Tourism Event Sponsorship Grant may jeopardize any future funding from RFT
- o My organization has completed all previous requirements on past grants and has not been denied the privilege of submitting a proposal to the RFT.

I do hereby agree to all the terms and conditions contained in the Event Sponsorship Grant Application guidelines which I acknowledge that I have received, read and fully understand.

Signed

Date

Inquiries may be directed to:

Rock Falls Tourism Director
601 W. 10th Street, Suite 1-A
Rock Falls, IL 61071

Telephone: 815-622-1100 | Cell: 815-590-7330
Email: director@visitrockfalls.com

For Rock Falls Tourism Board ONLY

Date Received: _____

Date of Action: _____

Action Taken: [] Approved [] Denied

Comments:

Signature of (3) three Rock Falls Grant Committee Members Required.

Signed **Date**

Signed **Date**

Signed **Date**