**Growing an Existing Event**

**Destination Marketing Fund Grant Application**

Please provide the following information and attach additional information as required.

Application Date: Click here for calendar

Amount of Destination Marketing Fund Grant Requested: $ Enter amount here

**Organization Information:**

Name of Organization requesting funding: Click here to enter name.

Contact Person: Click here to enter name.

Phone: Click here to phone number. Email: Click here to enter email.

Mailing Address including postal code: Click here to enter address.

Type of Organization (please select one)

Private  Not-for-Profit  Other

If Other explain: Click here to enter explanation.

Name of Organization that the Destination Marketing Fund Grant, if approved, should be made payable to: Click here to enter name.

Brief description of organization requesting funding: Click here to enter description.

Organization’s annual budget: $ Click here to enter amount.

**Event Information:**

Name of Event: Click here to enter name.

Duration of event: Start date: Click here for calendar End date: Click here for calendar

**Describe the Event:** Please describe the organization’s strategy to grow the event including but not limited to the following information:

* What is being added to the event to create more attendees from outside of our region?
* How do you plan to attract this new market segment?
* What are the benefits and impacts of attracting this segment to the existing event?
* Are there any particular barriers or opportunities that adding this market segment to your existing event present?
* What are the incremental costs associated with growing the event?  Please itemize additional expenses incurred as a result of the planned event growth.

Please provide as much supporting information as possible to aid in assessing your application. The strength of information provided is the basis from which funding recommendations will be made.

***As per the Destination Marketing Levy Policy, increasing the amount of attendees to an event, without fundamentally changing the event does not meet the eligibility requirements for Growing an Event Destination Marketing Fund Levy.***

Click here to enter event description.

**Accommodations:**

Estimated number of room nights generated from the event presently: Click here to enter number

*(Room nights limited to hotel/motel rooms, B&B rooms)*

Estimated number of ***additional*** room nights generated by the event after the growth strategy outlined in this application**:** Click here to enter the number.

What method did you use to estimate the number of room nights generated for this event currently and after the growth strategy is implemented? Click here to enter answer.

What local facilities other than accommodations are typically or will be used for this event?

Click here to enter answer.

**Event Attendance:**

Estimated participants, officials and staff of expanded event Enter number here.

Estimated spectators of expanded event – non-residents Enter number here.

(80 km or more away from Prince Albert)

Estimated spectators of expanded event – City residents Enter number here.

Total estimated spectators of expanded event Enter total here.

**This event is** (please select one)

Local  Provincial  Regional  National  International

**Media exposure** (please select one)

Local  Provincial  Regional  National  International

**Event History:**

How long has the event been held in Prince Albert: Click here to enter information.

Frequency of the event being hosted in Prince Albert: Click here to enter frequency.

Is there potential of this event resulting in other events being hosted in Prince Albert?  
  Yes  No

Please explain: Click here to enter explanation.

What is your organization’s experience in hosting this or similar events? Please be sure to include a profile of your organizing committee / working group.

Click here to enter answer.

***The following items must accompany your application:***

* Budget for the event
* Supporting information if applicable

*\* Please provide the most current year-end financial statements or best equivalency if available.*

**Privacy Policy Statement and Application Certification**

The City of Prince Albert is governed by *The Cities Act* and designated as a Local Authority pursuant to *The Local Authority Freedom of* *Information and Protection of Privacy Act (LAFOIP).*  Therefore, all information collected for the Destination Marketing Fund Grant Application process, including final executed Contracts and Agreements will be subject to public disclosure either through a Freedom of Information and Access Request in accordance with those regulations or Public Agenda.

Section 91(1)(a) of the Cities Act states the following:

***“91****(1) Any person is entitled at any time during regular business hours to inspect and obtain copies of:*

1. *Any contract approved by the council, any bylaw or resolution and any account paid by the Council relating to the City”*

This Grant Application with all supporting documents can be saved and emailed to [destinationlevy@citypa.com](mailto:destinationlevy@citypa.com) or printed and mailed or dropped off to City Hall, City Manager’s Office, 2nd Floor, 1084 Central Avenue, Prince Albert, SK S6V 7P3.