



Tourism Development Grant  
Application Form

The Fox Cities Convention & Visitors Bureau accepts grant applications for costs related to development of Fox Cities visitor attractions and amenities.

Tourism Development grants may not be used for operating expenses, annual fund drives, endowment funds, reimbursement of previously incurred expenses, research, travel or expenses typically considered to be overhead.

Grant deadlines:  
February 20, April 20, June 20, October 20 and December 20

Questions? Contact Pam Seidl, FCCVB Executive Director  
pseidl@foxcities.org or 920-734-3358

General Application Information

**Date of Application: \***

Month Day Year

**Name of Applicant Organization: \***

**Amount of Tourism Development Grant Requested: \***

**Business/Organization Type (check all that apply): \***

- Corporation
- Partnership
- Sole Proprietorship
- Non-Profit

**Person in Charge of Project: \***

First Name Last Name

**Address: \***

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

**Daytime Phone: \***

Please enter a valid phone number.

**Email: \***

example@example.com

Organization Information

**Legal Organization Name: \***

**CEO: \***

**Address: \***

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

**Daytime Phone: \***

Please enter a valid phone number.

**Number of Employees: \***

**Purpose of Organization: \***

References

**May we contact your attorney? (Write N/A if Not Applicable) \***

Yes or No responses only. A "Yes" answer authorizes your attorney or accountant to disclose relevant information which might otherwise be privileged. The Fox Cities CVB will endeavor to maintain the confidentiality of all information so obtained:

**May we contact your accountant? (Write N/A if Not Applicable) \***

Yes or No responses only. A "Yes" answer authorizes your attorney or accountant to disclose relevant information which might otherwise be privileged. The Fox Cities CVB will endeavor to maintain the confidentiality of all information so obtained:

Attorney

**Name:**

**Address:**

Street Address

Street Address Line 2

**Phone Number**

Please enter a valid phone number.

Accountant

**Name:**

**Address:**

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

**Phone Number:**

Please enter a valid phone number.

Project Architect (if applicable):

**Name:**

**Address:**

Street Address

Street Address Line 2

**Phone Number:**

Please enter a valid phone number.

Construction General Contractor (if applicable):

**Name:**

**Address:**

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

**Phone Number:**

Please enter a valid phone number.

Project Description

**Project: \***

**Project Start Date: \***

Month Day Year

**Project Completion Date: \***

Month Day Year

**Total Cost of Project(s): \***

**1. Give a detailed description of the project answering ALL of the questions noted here: A: What will it look like and when will it open? B: Is it new to the Fox Cities or an expansion of an existing attraction? C: What makes it special and is it unique to Wisconsin? D: What will a visitor experience when there and how long will a visitor spend there? \***

**2. Has there been a feasibility study or market study for this project? \***

Yes

No

**2(b.) If so, please share what you learned. If not, what has been done to determine whether success is likely? \***

**3. Who is the legal owner of project site, if not the applicant? Describe the relationship between the owner and applicant? \***

**4. What is the useful life of building or project? \***

**5. Is there municipal, county or state support for this project? If so, please describe the kind of support the project is receiving? \***

Destination Master Plan Alignment

**Does this project address any of the priorities noted in the Fox Cities Destination Master Plan? Check all that apply. \***

- Development of new festival experiences, especially in winter
- Regional indoor concert/event venue
- Addressing infrastructure gaps at existing venues
- Iconic art trail development/public art
- Amplifying outdoor recreation, especially waterways and winter options
- Completion of gaps in regional trail system
- Enhancing connectivity, walkability and alternative transportation options
- Increase in air service to the area

Tourism Impact

**What impact will the project have on the tourism economy? Will this project enhance the visitor experience and/or attract visitors from outside of 50 miles, or will it be an amenity that visitors will use? \***

Collaboration

**How do you envision your organization working with the Fox Cities Convention & Visitors Bureau once the project is completed? What other attractions or community organizations will you collaborate with? \***

Operational Plan

Describe in detail your operational plans for the organization after this project is complete, with specific emphasis on how it will be marketed to the visiting public. Be sure to include information on the following:

**A: How will you be staffed? How experienced is your staff? B: How will you ensure adequate operational funding? Funding during the start-up period? C: Who is your target audience? D: How large do you anticipate your marketing budget to be? E: What kinds of sales, advertising, and promotions will you do? F: Who will provide you with the marketing expertise you need? G: What plans do you have for cross promotion with other attractions? \***

Other

**What else should we know to help us decide whether to give a grant to assist this project? \***

Fundraising

**How much money do you have left to raise for this project? Provide a detailed plan for raising those funds. \***



Project Budget

**Date Prepared: \***

Month Day Year

**Source of Funds**

(Fill in dollar amounts below)

Tourism Development Grant Request

Other Contributions Collected

Contributions Remaining to be Subscribed

Loan

Other (specify)

TOTAL

**Use of Funds**

(Fill in dollar amounts below)

Land Purchase

Land Improvements (preconstruction site testing and work)

Construction Costs (Itemize/detail below)

Fees

Installation

Supplies/Materials

Other (itemize)

TOTAL

Required Enclosures - see bottom of page

**Printed Name: \***

First Name      Last Name

**Title: \***

**Date \***

Month   Day    Year

Required enclosures:

- Most recent Annual Report
- Most Recent Audit
- Bylaws
- List of Board Members
- A copy of any market or feasibility study that has been done for this project
- Drawings, schematics, site plans or any concepts that will help us visualize your project