

## **A. Applicant Information (Eligibility and Compliance)**

### ORGANIZATION INFORMATION

- A.1 Organization Name
- A.2 Mailing Address
- A.3 Tax ID Number
- A.4 Name of Event
- A.5 Physical Address of the Event
- A.6 Phone Number
- A.7 Website

### CONTACT INFORMATION (Primary Contact)

- A.8 First Name
- A.9 Last Name
- A.10 Title
- A.11 Phone Number
- A.12 Email

### CONTACT INFORMATION (Secondary Contact)

- A.13 First Name
- A.14 Last Name
- A.15 Title
- A.16 Phone Number
- A.17 Email

### GENERAL INFORMATION

- A.18 State your organization's mission and/or purpose.
- A.19 Event Start Date  
Event End Date
- A.20 Describe the event for which funds are requested to support.
- A.21 Dollar amount request for HOT funds \_\_\_\_\_
- A.22 Please select the categories in which HOT funds are intended to be used.
  - Convention Centers and Visitor Information
  - Registration of Convention Delegates
  - Advertising, Solicitations, and Promotions that Directly Promote Tourism and the Hotel and Convention Industry
  - Promotions of the Arts that Directly Promote Tourism and the Hotel Industry
  - Historical Restoration and Preservation Activities that Directly Promote Tourism and the Hotel Industry
  - Sporting Event Expenses that Substantially Increase Economic Activity at Hotels
  - Funding transportation systems for transporting tourists from hotels to and near the city to any of the following destinations, as listed in the Overview Section





E.4 List all anticipated expenditures for this event/program

Expense Description	Dollar Amount

**F. Organizational Capacity (10 points)**

- F.1 How many years has your event occurred: \_\_\_\_\_
- F.2 Number of full-time staff: \_\_\_\_\_
- F.3 Number of volunteers: \_\_\_\_\_
- F.4 Previously received HOT funding: Yes / No Year \_\_\_\_\_ Amount \_\_\_\_\_
- F.5 Successfully completed prior HOT reporting: Yes / No / N/A
- F.6 Will your organization be able to provide insurance coverage for the event?
- F.7 Describe the organization’s long-term plan (3-5 years) concerning the program, event, or exhibition that HOT funds are being requested.

**G. Community Benefit and Alignment (10 Points)**

- G.1 How does your event enhance Denton tourism identity?
- G.2 Does event attract visitors who otherwise would not visit Denton? Explain.
- G.3 Does event promote Denton cultural, artistic, historic, or recreational assets? Explain.
- G.4 Will event generate repeat tourism? Explain.

**H. Reporting and Evaluation Plan (10 Points)**

- H.1 Does your event require guests to purchase a ticket to attend? Yes or No. What is the ticket price?
- H.2 Does your organization gather data on attendees to your events/programs? If yes, how is data collected?
- H.3 What metrics will your organization be able to report after the event? (attendance, hotel nights, economic impact, marketing metrics, financial reconciliation, survey results, etc.)
- H.4 Quarterly Financial reporting and a post-event 30-day report will be required if awarded. What is your organization's plan to be able to fulfill these reporting requirements?