



# Economic Impact & Destination Event Grant Application

Montana Department of Commerce

Destination MT, Tourism Grant Program

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The purpose of the Economic Impact and Destination Event Grant Program (“Event Grant”) is outlined in the Event Grant Program Guidelines, which can be found [here](#) on the Destination MT website. Please carefully read the [Guidelines](#) before beginning this application. Eligible applicants are limited to one submission per grant cycle.

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## **\*Please Review Prior to Applying\***

**The Event Grant Program funding cycle will now be extended. All eligible applications must be submitted by Thursday, Oct. 10, 2024 by midnight.**

**All eligible Events for this funding cycle must occur before Dec. 31, 2025.**

The application process is as follows:

1. All eligible Events for this funding cycle must occur before December 31<sup>st</sup>, 2025.
2. Verify your eligibility by reading through the Guidelines carefully
3. Familiarize yourself with the Event Grant Program PDF version of the application
4. Familiarize yourself with [Destination MT’s Strategic Plan](#)
5. Create an Okta Account (for any issues, contact the IT Help Desk 406-444-2000)
6. Prepare your application materials:
  - a. The business EIN OR UEI
  - b. A current certificate of Good Standing from the [Montana Secretary of State](#)
  - c. Proof of Good Standing with the IRS by providing a screenshot of most recently filed tax form which can be quickly located within the [IRS Database](#) or by providing the [affirmation or non-profit determination letter](#) from the IRS.
  - d. Download the required Event Grant Program Budget Template
  - e. **Please note, the Montana Grants and Loans Portal will automatically log you out after 60 minutes. You must complete your application within that timeframe or save it as a draft to return to working on it. Your application is not automatically saved as you work on it within the portal.**

- f. **To submit your completed application, you must first hit "Save As Draft" and then "Submit Application."**
7. Complete and submit the Event Grant Program Application
  8. All eligible applications will be reviewed
  9. All applications receive a status notification from Destination MT

**All application fields are required and must be filled out in order for an application to be considered completed and reviewed by the Review Committee.**

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**Eligibility:**

**1. Select the type of organization that is submitting this application and hosting the Event:**

- A Primary 501(c) Organization
- A Tribal Government
- A County Government
- An Incorporated City or Town
- A Consolidated Government
- A Co-Operative

**2. Select the Event category:**

- Cultural festival and / or concert
  - Entertainment show and / or production
  - Educational workshop
  - Indigenous, niche and or signatory activity
  - Historical celebration
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**Entity/Organization Information:**

**3. Name of Entity/Organization:**

**4. EIN or UEI of the Entity/Organization:**

**5. Mailing Address of Entity/Organization:**

- address,
- city,
- state,

- zip
- county

**6. Physical Address of Entity/Organization, if different than mailing:**

- address,
- city,
- state,
- zip
- county

**7. URL of Entity/Organization Website and / or URL of Event Website or Social Media:**

❖ *Long Text Box*

**8. Is the applicant the primary organizer of the Event?**

- a. [Yes or No]

**9. Is the entity/organization currently in good standing with the IRS?**

- a. [Yes or No]
- b. If NO – please explain why
  - ❖ ***\*If yes,\* Upload section needed \*Attach a screenshot or documentation showing current good standing\****

**10. Are you currently registered and in good standing with the Montana Secretary of State.**

- [Yes or No]
- If NO – please explain why
  - ❖ ***\*If yes,\* Upload section needed \*Attach a screenshot or documentation showing current registration & good standing\****

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**Contact Information:**

**11. First Name of Authorized Signatory: / Last Name Authorized Signatory:**

*\*Provide first / last name of primary contact for application. This contact will be the legal signatory that will enter into a contract with the Department should the applicant be awarded funds.*

- **Title of Authorized Signatory:**
- **Authorized Signatory Phone Number:**
- **Authorized Signatory Contact Email:**

- **Authorized Signatory Mailing Address:**

- address,
  - city,
  - state,
  - zip,
  - county
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**Additional Contact Information:**

*\*There must be at least two unique points of contact for the Event Grant. Additional contact information may be any person that will have knowledge of the proposed project and may be involved in the process of completion should the applicant be awarded funds.*

**12. First Name of Additional Contact: / Last Name of Additional Contact:**

- **Title of Additional Contact:**
  - **Additional Contact Phone Number:**
  - **Additional Contact Email:**
  - **Additional Contact Mailing Address:**
    - address,
    - city,
    - state,
    - zip,
    - county
- 

**Event Details:**

13. What is the name of the Event?

14. What is the purpose of the Event?

15. Please provide the date(s) of when the Event will take place. Include start date(s), end date(s), and times:

❖ *Long Text Box*

16. Amount Requested:

\$

\*Max amount: \$25,000

17. Total cost of the Event:

\$

18. Please identify the history of the Event:

- a. This is a new event
- b. This event has previously been held
  - i. ***\*if previously held then:*** \* How many years has this Event been held:

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**Location:**

19. Where will the Event take place:

- address,
- city,
- state,
- zip,
- county

20. Please select your tourism region location

❖ *Multiple response question needed:*

- Tribal Tourism Region
- Central Montana Tourism Region
- Western Montana's Glacier Country Tourism Region
- Missouri River Country Tourism Region
- Southeast Montana Tourism Region
- Southwest Montana Tourism Region
- Yellowstone Country Tourism Region

\*See Montana [Tourism Regions Map](#) to determine region location:

<https://commerce.mt.gov/Business/Programs-and-Services/Tourism-Marketing/Tourism-Grant-Program/>

21. Based upon the location of your event and the definition of rural, please identify if either of the below apply. You may select more than one.

- Rural
- Tribal

\*See [Urban & Over-visited Designations Map](#) to determine a Rural area:

<https://www.arcgis.com/apps/dashboards/1482e71be2a34511ab6577fa7689ffdb>

22. If your Event is not located in a rural area, please explain why it can only occur in an urban area.

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**Brief Summary:**

23. Please address and provide a brief description for the following:

- Event planning and preparation timeline
- Why you need the requested amount of funding for the Event

24. Is this Event suitable for all ages?

a. [Yes or No]

25. Please describe how the proposed Event encourages visitors to travel to rural places in Montana.

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**Tourism Impact / Marketing / Metrics / Partnerships:**

26. Please describe the potential revenue / economic impact of the Event to the host Entity, Organization, Community, and / or Area.

27. Describe your current marketing / advertising strategy for the Event.

28. Who is your target attendee/audience?

29. Will the Event increase the number of visitors (those who travel more than 50 miles to attend) to the host community?

If yes, how will you measure the increase?

If not, explain why not.

30. Will the Event be marketed / promoted to visitors (those who travel more than 50 miles to attend)?

If yes, how will you measure the success of the Event's marketing to visitors?

If not, explain why not.

31. Will the Event generate overnight stays in the host community and / or the immediate surrounding communities?

If yes, how will you measure the number of overnight stays?

If not, explain why not.

32. Select the reservation-based accommodation(s) that are available in the community where the Event will be held. Select all that apply:
- a. Bed & Breakfast
  - b. Guest Ranch
  - c. Hotel / Motel
  - d. Resort / Condominium
  - e. Short-term Rental (VRBO / Airbnb)
  - f. Private Campground
  - g. RV Park
  - h. State or Federal Campground
  - i. There are no reservation-based accommodations where the Event will be held.
33. Please identify and describe the data or metrics that will be used to determine the economic benefits of the Event to the community / area.
34. Identify and describe the post-Event evaluation(s) processes that will be utilized.
35. Who are your community and / or tourism partners? How are these partners contributing to the success of this Event?
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**Potential for Success / Long-Term Development / Sustainability:**

13. Describe how the Event will increase vendor sales, community partnerships, event sponsors, and / or ticket sales.
14. What sustainability plans are currently utilized or in progress to ensure the long-term success of this Event?
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**Budget:**

The maximum Event Grant award is \$25,000. A match is not required for this funding opportunity, but Applicant may be required to provide matching funds as directed by the Department.

Download the [Event Grant Program Budget Template](#). This is the **required** template for Applicant's requested grant.

Please provide the costs and a detailed narrative for each cost listed in the attached Event Grant Budget Template. Failure to follow the budget criteria and / or provide a

detailed narrative for each cost will disqualify this submission from consideration for this funding opportunity.

15. Upload the completed Event Grant Budget here

❖ *Upload section needed \*Upload required budget template\**

**Applicant Acknowledgement:**

By submitting this application for Event Grant Program funding, I hereby certify the following on behalf of the Applicant:

- To the best of my knowledge and belief, the information contained in, and submitted with, this application is true and correct. If Applicant learns submitted information is incorrect, it will inform the Montana Department of Commerce (“Department”) immediately.
- I understand that submitting false or misleading information concerning this application may result in Applicant’s disqualification from receiving financial assistance from the State of Montana. Awards made based on false information may result in the Applicant having to repay the award amount and referral to local authorities for criminal prosecution.
- I understand that the information Applicant provides to the Department, including this Event Grant Program application and supporting documents, may be subject to public disclosure under Montana law. If Applicant believes that any information it submits to the Department should be protected as confidential for any reason, Applicant understands and agrees that it will: (i) notify the Department of that belief before submitting the information to Department; (ii) submit an affidavit establishing the basis for that belief; and (iii) if the Department agrees, sign a non-disclosure agreement with the Department.
- I read and understand the Event Grants Program guidelines published by the Department before submitting this application.
- I have legal authority to submit this application on the Applicant’s behalf and Applicant’s governing body (if applicable) has directed me to submit this application.
- Applicant will comply with all applicable laws and regulations, including those prohibiting discrimination, including on the basis of race, sex, religion, national origin, age, or disability.
- I understand that Applicant will provide the Department with status reports when requested, and in the format required, by the Department at no cost to the Department.



- I understand that Applicant may only submit one Event Grant application per grant cycle.
- I understand that Applicant must sign a contract with the Department before receiving any Event Grant Program funding.

❖ *Checkbox needed.*

❖ *Box for the applicant to type their full name*

❖ *Box for the date*