



**THE
GREATER ALEXANDRIA ECONOMIC
DEVELOPMENT AUTHORITY
(GAEDA)**

**SPECIAL EVENTS/TOURISM GRANT
MAKING APPLICATION**



**Greater Alexandria Economic Development Authority
APPLICATION COVER PAGE**

NAME OF ORGANIZATION : _____
NAME OF EVENT/PROJECT: _____
DATE OF EVENT: _____ **LOCATION OF EVENT** _____
CONTACT PERSON: _____
COMPLETE ADDRESS OF ORGANIZATION:
STREET _____
CITY _____ **ST** _____ **LA** _____ **ZIP** _____
PHONE: _____ **FAX:** _____

FOR OFFICE USE ONLY

ORGANIZATION'S CHIEF OFFICIAL: _____ **TITLE:** _____
Address if different from above:
STREET _____
CITY _____ **ST** _____ **ZIP** _____
PHONE: _____ **FAX:** _____

PLEASE DESCRIBE INTENDED USE OF FUNDS IN SPACE PROVIDED BELOW: (Refer to Authorized Uses of Funds and Unauthorized Uses of Funds)	AMOUNT REQUESTED \$

IF ENTIRE REQUEST CANNOT BE FUNDED, MAY THE PROJECT BE RESTRUCTURED WITH LESS GAEDA FUNDING? () YES () NO

**Greater Alexandria Economic Development Authority
BUDGET ESTIMATION WORKSHEET**

NAME OF EVENT _____
ORGANIZATION _____
CONTACT PERSON _____
AMOUNT REQUESTED \$ _____

OFFICE USE ONLY

Advertisement/Publicity/Promotion*	Estimated Cost	Matching Funds	Brief Description
Posters			Use additional sheets if necessary.
Flyers			
Push Cards			
Radio			
TV			
Newspapers			
Billboards			
Direct Mail			
Websites			
T-Shirts			
Activity	Estimated Cost	Matching Funds	Brief Description
Banquet/Event/Program Cost			(See attached budget)
Transportation (event related non personal)			
Entertainment (event related non personal)			
Food Services (event related non personal)			
Facility Rental			
Photography			
Props			
Sound and Lights			
PowerPoint Audio/Visual			
Security			
Miscellaneous			
Operational Support	Estimated Cost	Matching Funds	Brief Description
Signage			
Postage Shipping			
Programs			
Supplies			
	TOTAL ESTIMATED COST	TOTAL MATCHING FUNDS	

TOTAL ESTIMATED REVENUE: _____

TOTAL ESTIMATED COST: _____

**Greater Alexandria Economic Development Authority
DATA REPORTING FORM**

EVENT NAME: _____
 TYPE OF EVENT: _____
 DATE OF EVENT: _____ LOCATION: _____
 NUMBER OF DAYS OF EVENT _____

PROJECTED NUMBER OF OUT-OF-TOWN PARTICIPANTS:	
PROJECTED NUMBER OF OUT-OF-TOWN GUESTS OF PARTICIPANTS:	
TOTAL NUMBER OF HOTEL ROOMS REQUIRED IN ALEXANDRIA FOR EVENT:	
AVERAGE NUMBER OF DAYS STAY IN ALEXANDRIA:	
PROJECTED NUMBER OF LOCAL PARTICIPANTS:	
PROVIDE THE ESTIMATED DIRECT ECONOMIC IMPACT ON ALEXANDRIA FROM YOUR EVENT USING THE FOLLOWING FORMULA: (Number of People} x {Number of Days} x \$140)	
PROVIDE A LIST OF OTHER EVENT SPONSORS AND THE AMOUNT(S) OF THEIR SPONSORSHIPS:	
PROJECTED NUMBER OF OUT-OF-TOWN MEDIA PERSONS IF YOU HAVE MEDIA COVERAGE:	

AFFIDAVIT:

To the best of my knowledge, the information contained in this application is accurate and complete.

Applicant

Date