 

**Please fill out the form below and email it back to** [**visitromewi@gmail.com**](mailto:visitromewi@gmail.com)**.**

**Organization Information:**

Legal Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Trade Name (DBA): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tax ID (FEIN): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business Organization Type (check all that apply):

Corporation Partnership Sole Proprietorship Non-Profit/Unit of Government

**Initiative Description:**

Capital Project Event Signage Promotional Assistance

If Applicable… Start Date: \_\_\_\_\_\_\_\_\_\_\_\_\_ Completion Date: \_\_\_\_\_\_\_\_\_\_\_\_\_ Event Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Provide a Description of the Initiative and a brief history of applicant’s involvement in the Town of Rome. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Does the Initiative require Town of Rome approvals/permits? If so, what is the plan to receive proper approvals?

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Are there any contingencies that could potentially prevent the Initiative from being completed? Please explain.

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**Initiative Budget:**

Total Cost of Initiative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grant Request Amount: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How will you raise other funds to complete this Initiative?

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If applicable, provide a detailed budget for the Initiative including income and expenses when submitting this form.

**Tourism Impact:**

What impact will the Initiative have on the tourism economy in the Town of Rome?

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Does the Initiative have potential to generate or contribute to the generation of overnight stays in the Town of Rome?

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Will this Initiative lead to potential off-season visits by residents and non-residents? If yes, please explain.

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**Collaboration:**

Does this Initiative involve other community groups and local collaboration? If yes, please explain.

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Will this Initiative involve Visit Rome WI, Inc. beyond grant funding?

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**Other:**

What else should we know to help us decide whether to provide a grant to assist this Initiative?

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How will you recognize the support of Visit Rome WI, Inc?

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