

**LANGLADE COUNTY ECONOMIC DEVELOPMENT CORPORATION
DESTINATION EVENT MARKETING GRANT APPLICATION**

Name of Application Organization: _____

Event Title: _____

Total Cost of Event Marketing: \$ _____

Amount requested from LCEDC: \$ _____ (cannot exceed \$350.00)

Event date (s): _____

Business Organization: Non-Profit _____ Corporation _____ Partnership _____
(Check all that apply)

Contact Person: _____

Address: _____ E-mail Address: _____

City: _____ State: _____ Zip Code: _____

Contact Person's Phone #: _____

1. Is this a first-time event? Yes _____ No _____

2. Detailed description of the event including contact person's information if different than above. Information will be posted on the Antigo/Langlade County Community Calendar and the Langlade County Tourism Calendar. Event Flyer/Poster can be submitted to be added to the calendar postings.

3. Describe how the event will be marketed outside of 100-mile radius of the City of Antigo

4. Describe other marketing for this event.

Required Enclosures (Check below if included):

- Completed Application
- Event Market Budget
- For Non-profit organizations--attach a copy of minutes approving the project and proof of non-profit status
- Event Listing or Event Flyer/Poster to be put on Community and Tourism Calendar

Signature

Title

Date

For Office Use Only

Date of Event: _____

Amount of Grant Approved: \$ _____

Date Copies of Documentation Rec'd _____

Date Check Disbursed: _____

Return to:

Langlade County Economic Development Corporation
312 Forrest Avenue
Antigo, WI 54409
715-623-2085
kbeck@co.langlade.wi.us

