



For Office Use Only

VIII. VISIT TALLAHASSEE TRANSPORTATION FUND PROGRAM APPLICATION

Please Print or Type:

1. Name of Event: [ ]

2. Event Dates: [ ]

3. Description of Event (regional, national, adult, youth, etc): [ ]

4. Host Organization: [ ]

5. Description of Organization (include date organization was created): [ ]

6. Contact Person: [ ] (Name) (Title)

Address: [ ]

City: [ ]

State: [ ]

Zip: [ ]

Daytime Contact #: [ ( ) ] Email Address: [ ]

Public Information #: [ ( ) ] Website: [ www. ]



7. Non-Profit Organization:

Tax I.D. #:	
or	
Social Security #:	

**(This information is required)**

8. Liability/Medical Insurance:

Name of Carrier:	
------------------	--

(Please include Proof of Insurance Coverage in Application packet)

9. Has meeting venue/facility been secured?           

If so, please list:	
---------------------	--

Is site located within Leon County?

Contact Name and Day Phone #:	(      )
----------------------------------	----------

10. Has a host hotel been secured?

If so, please provide a copy of hotel contract.	
---	--

Contact Name and Day Phone #:	(      )
----------------------------------	----------

11. Has an overflow hotel(s) been secured?

If so, please list and provide a confirmation letter from hotel.	
--	--

Contact Name Day Phone #:	(      )
------------------------------	----------

12. Do you need assistance in finding a host venue or hotel(s) for this event?

13. How many overnight visitors from out of town do you anticipate?	
---	--

14. Anticipated the total number of attendees:	
--	--



15. Anticipated # of Room Nights:

Arrival Date	# Rooms	# Nights	Total Room Nights (# Rooms x # Nights)

16. Provide Room Night History for Event (if applicable):

Dates	Hotel, City & Hotel Contact Name	Room Nights (# rooms x # nights)

(Attach Room Pick Up Report if Available)

17. Is this a first time meeting to Tallahassee, FL

18. Does the meeting/conference have a two day agenda?  
(Please Attach Agenda to Application)

19. Transportation Budget: Itemize transportation needs by date below:

Date	Describe Transportation Needs	Estimated Cost

Attach Additional Pages As Needed

20. Request Amount?	\$
---------------------	----



**CERTIFICATION AND COMPLIANCE STATEMENT**

**APPLICANT:**

I hereby certify that the information contained in this application is true and correct to the best of my knowledge and that I have read the Policies and Procedures of the Leon County Special Event Grants Program and will abide by all legal, financial, and reporting requirements as a condition of receiving grant funds from the Leon County Tourist Development Council. Signatures must be **original** in **blue ink**.

Name:

\_\_\_\_\_
Please Print or Type

Organization:

\_\_\_\_\_
Please Print or Type

\_\_\_\_\_
(Signature)

\_\_\_\_\_
(Date)

Please submit the original application form to:

Visit Tallahassee
Transportation Fund Program
106 East Jefferson Street
Tallahassee, FL 32301

**For questions or additional information, please contact:**

Janet Roach, Meetings & Conventions Director
Janet.Roach@VisitTallahassee.com or (850) 606-2320