



2025
VILLAGE OF JOHNSON CREEK
TOURISM COMMISSION ROOM TAX
TOURISM GRANT APPLICATION

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|---|
| Name of Event: |
| Grant Requested Amount: \$1,000 (10-19 overnight stays) <input type="checkbox"/> \$2,000 (20-24 overnight stays) <input type="checkbox"/> \$2,500 (25-29 overnight stays) <input type="checkbox"/> \$3,000 (20-34 overnight stays) <input type="checkbox"/> Other (maximum is \$10,000) <input type="checkbox"/> \$ _____ |
| Event Date(s); please include the days of the week: |
| Event Location: |
| Projected Number of Attendees: |
| Estimated Number of Hotel Stays from the Event: |
| New Event <input type="checkbox"/> Existing Event <input type="checkbox"/> |

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| Name of Organization: |
| Authorized Official Name and Title: |
| Email Address: |
| Organization Website URL: |
| Organization Address: |
| Daytime Telephone: |

Project Event Description:

Provide a detailed marketing plan or strategy. Complete a marketing budget that lists each marketing piece, the location of the piece, approximate dates of views, cost, planned distribution of materials, etc. Outline specifically how this plan is reasonably likely to generate the (at least minimum) number of overnight stays in the Village of Johnson Creek to qualify for a grant. Additionally, highlight those marketing materials that are outside Jefferson County and those that are over 75 miles away, including Madison, Milwaukee, Rockford, and Oshkosh markets.*

*Additional information may be attached.

Detail how your event will be reasonably likely to create overnight stays in the Village of Johnson Creek, noting the minimum number to both qualify and receive a grant is 10 overnight stays.

Number of overnight stays: _____

OTHER REQUIRED DOCUMENTS:

- PROJECT OR EVENT BUDGET
- IRS DETERMINATION OR PROOF OF RECOGNITION BY THE WISCONSIN DEPARTMENT OF FINANCIAL INSTITUTIONS.

I understand the restrictions placed on the expenditure of room tax funds governed by the Johnson Creek Tourism Commission and certify that the requested funds will be used for the purposes described in this application or approved by the Commission. I understand that the use of funds is subject to review.

| Name | Title | Date |
|------|-------|------|
|------|-------|------|

Grant award amount: _____ Group Code from hotel*: _____

Date of award: _____ **This code will be issued by the hotel to grant awarded groups to use for their final reporting for reimbursement.*

Signed: _____

Village of Johnson Creek Tourism Commission Chair



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ROOM TAX TOURISM GRANT APPLICATION
APPLICATION EVALUATION WORKSHEET

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|--------------------------|
| Reviewer Name and Title: |
| Date Reviewed: |
| Applicant Organization: |
| Event Title: |
| Grant Requested: |

Recommendation: