Hillsborough Tourism Development Authority FY25 Special Project/ Partnership Funding Request



Organization Information				
Organization Name:				
Contract Contact Person and Title:				
Contact Person Email:		Contact Person Phone	2:	
Organization Street Address:				
City:	State:	ZIP Code	2;	
Organization's Annual Operating Budget:	\$	1	·	
Amount of TDA funding being requested:	\$	Ø)		
General Information		4		
Outline/Overview of the requested proposal: Please explain how the proposal Will promote tourism in Hillsborough:				

Tourism Impact	
Please estimate the number of residents this proposal will serve:	Please estimate the number of tourists this proposal will bring to town:
If this proposal has been held or done before, please describe counted (ie. registration/pre-registration, ticket sales either please, counters from volunteers, wristband tracking, counts at	rior to the event or at the event gates, via turn style
Please describe how you plan to partner with local hotel/mote	els on this proposal:
Please describe how you plan to partner with local business/n	on-profits/governments on this proposal:
Please <u>calculate the overall economic impact</u> of this proposal	(if applicable):
Please outline how you plan to make this proposal financially	sustainable overtime:

a. Item Ex: Revolutionary War Re-enactors 1. \$ 2. \$ 3. \$ 4. \$ 5. \$ 6. \$ 7. \$ 8. \$ 9. \$ 10. \$ 11. \$ 12. \$ 13. \$ 14. \$ 15. \$ 16. \$ 17. \$ TOTALS (sum of each column) ** PLEASE PROVIDE ADDITIONAL SHEETS IF THERE	equested via ant Funds (for each item)		ding Sources & In-Kind Donations	d. Total Budget
Re-enactors \$1 1. \$ 2. \$ 3. \$ 4. \$ 5. \$ 6. \$ 7. \$ 8. \$ 9. \$ 10. \$ 11. \$ 12. \$ 13. \$ 14. \$ 15. \$ 16. \$ 17. \$ TOTALS (sum of each column) \$ ** PLEASE PROVIDE ADDITIONAL SHEETS IF THÈRE		Amount	Source	(add columns b-d)
2. \$ 3. \$ 4. \$ 5. \$ 6. \$ 7. \$ 8. \$ 9. \$ 10. \$ 11. \$ 12. \$ 13. \$ 14. \$ 15. \$ 16. \$ 17. \$ TOTALS (sum of each column) \$ ** PLEASE PROVIDE ADDITIONAL SHEETS IF THÈRE	,000	Ex: \$300	Ex: State Historical Society	\$1,800
3. \$ 4. \$ 5. \$ 6. \$ 7. \$ 8. \$ 9. \$ 10. \$ \$ 11. \$ \$ 12. \$ \$ 13. \$ \$ 14. \$ \$ 15. \$ \$ 16. \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$		\$		\$
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9. \$ 10. \$ 11. \$ 12. \$ 13. \$ 14. \$ 15. \$ 16. \$ 17. \$ TOTALS (sum of each column) \$ ** PLEASE PROVIDE ADDITIONAL SHEETS IF THÈRE		\$		\$
10. \$ 11. \$ 12. \$ 13. \$ 14. \$ 15. \$ 16. \$ 17. \$ TOTALS (sum of each column) \$ ** PLEASE PROVIDE ADDITIONAL SHEETS IF THÈRE		\$	10	\$
11. \$ 12. \$ 13. \$ 14. \$ 15. \$ 16. \$ 17. \$ TOTALS (sum of each column) \$ ** PLEASE PROVIDE ADDITIONAL SHEETS IF THÈRE		\$		\$
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14. \$ 15. \$ 16. \$ 17. \$ TOTALS (sum of each column) ** PLEASE PROVIDE ADDITIONAL SHEETS IF THÈRE		\$		\$
15. \$ 16. \$ 17. \$ TOTALS (sum of each column) ** PLEASE PROVIDE ADDITIONAL SHEETS IF THERE		\$		\$
16. \$ 17. \$ TOTALS (sum of each column) ** PLEASE PROVIDE ADDITIONAL SHEETS IF THERE		\$		\$
TOTALS (sum of each column) ** PLEASE PROVIDE ADDITIONAL SHEETS IF THÈRE	,())	\$		\$
TOTALS (sum of each column) ** PLEASE PROVIDE ADDITIONAL SHEETS IF THERE		\$		\$
(sum of each column) ** PLEASE PROVIDE ADDITIONAL SHEETS IF THERE		\$		
		\$		\$
Total Project Funding Requested for	IS NOT ENOUGH RC	DOM TO ACCOMM	ODATE YOUR FULL BUDGET **	
	om TDA \$			
Percentage of Matching Funds Prov (by either 'In-Kind Donations' or 'O			%	
	ci Jources /	•	, v	
Dollar amount of Matching Funds F (by either 'In-Kind Donations' or 'O			\$	

in the budget and that the tourism logo a	funds must be used for the program/event as outlined and tourism partnership should be acknowledged and yers, tshirts, banners, social media posts) where other
 Date	Signature & Printed Name

Inted Name

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