



Santa Claus
INDIANA



Lincoln's
Indiana Boyhood Home

SPENCER COUNTY VISITORS BUREAU

2026 TOURISM ENHANCEMENT GRANT APPLICATION

Email:

Business or Organization Name:

Contact Person:

Business/Organization Address:

Phone: _____

Alternate Phone: _____

Nonprofit (check one):

Yes No

Tax ID# (if applicable):

Have you been awarded a Tourism Enhancement Grant previously? (check one)

No Yes, and submitted a final report Yes, but didn't submit a final report

General Business/Organization Description:

DESCRIPTION OF PROJECT, INITIATIVE, OR EVENT

Fill in as much information as possible, specific to your request.

Please reach out to the Visitors Bureau for guidance with any of the questions.

Provide a detailed description of the project, initiative, or event:

**Attach additional details, if applicable.*

Start date(s):

Expected completion date(s):

Location:

Event or Business/Organization URL:

What are the top three (3) goals for this project, initiative, or event?

Total anticipated event attendance or annual traffic due to this project, initiative, or event, if applicable:

Non-local estimated attendance/traffic (possible overnights) due to this project, initiative, or event, if applicable:

Provide a description of the marketing/communications plan for promoting your project, initiative, or event (include organic and paid efforts):

**Attach a marketing/communications plan for promoting your project, initiative, or event, and/or additional information if applicable.*

Describe how this project, initiative, or event will increase overnight stays in Spencer County. Be specific about where people will come from and how they will find out.

Provide a detailed strategy plan to measure goals and tourism impact of your project, initiative, or event.

FINANCIAL INFORMATION

Total annual budget of business/organization:

Budget for this project, initiative, or event (without tourism enhancement grant):

Tourism Enhancement Grant request:

Provide a financial breakdown and list specific expenses for which the requested funds will be used:

**Attach additional/supporting documentation regarding financial breakdown and expenses if applicable.*

PARTNERS/COLLABORATION

List name, email address, and phone number of partners or contributors to this project, initiative, or event. Attach additional information as needed.

CERTIFICATION

On behalf of the organization identified on this application, I do hereby certify that the submitted application meets all the eligibility requirements for the Spencer County Visitors Bureau’s Tourism Enhancement Grant and the information included is accurate.

I understand that the grant funding of this initiative cannot be awarded prior to approval by the Spencer County Visitors Bureau and must be completed in the date range provided.

Additionally, I acknowledge that should my project receive a grant, I will be required to submit a report summarizing the completed project’s successes and challenges (along with vendors’ invoices and a copy of all promotional materials, if applicable) to the Spencer County Visitors Bureau by December 31, 2026. For incomplete projects, a status update report is due by December 31, 2026, with the final project report to follow within sixty (60) days of project completion.

Signature:

On Behalf Of:

Title:

Date:
