

Events Incentive Program Application

STATE OF LOUISIANA

OFFICE OF THE LIEUTENANT GOVERNOR/ DEPARTMENT OF CULTURE, RECREATION and TOURISM

LOUISIANA OFFICE OF TOURISM

Submission Date: _____

Date of the Event: _____

This application is applicable to the Events Incentive Fund Program. This program is not retroactive and shall not fund events or activities that have already occurred. Applications for major events must be submitted no later than one hundred and eighty (180) days prior to the event.*

*Special consideration *may* occur for events occurring in Fiscal Year 2023-2024

IMPORTANT: Please review the events guidelines documents and applicable statuses and rules BEFORE submitting this application. Links can be found at:

www.ExploreLouisiana.com/EventsIncentiveProgram

Applications are not complete until **all** required documents are submitted. See checklist in Section 9 of this application for required documents. Failure to provide the required information and documents listed below may result in the rejection of this application.

Please ensure all applicable questions are answered for the application to be considered complete. Information collected will be used solely to evaluate your eligibility under the Event Incentive Programs.

Section 1. General Requirement of Applicant. Check all that apply. The applicant is:

- Municipality
- Parish
- Official Tourism Commission or Convention
- Official Visitor Bureaus
- Official Destination Marketing Organization
- Non-profit corporation

Section 2. Eligibility

Will your event be held only once per year? Yes No

If this event is held more than once per year, please explain.

Does your event meet the definition of a "Qualified Major Event" as defined by [La R.S. 51:1260](#)

Yes No

Section 3 Applicant information. Please provide the following information

Name of Applicant: _____

Contact Person: _____

Position Title: _____

Phone (Daytime): _____ Phone (Secondary): _____

Fax: _____

Email: _____

Mailing Address: _____

Section 4 Event Details. Please provide the following information

Official Event Name	
Venue(s) of Event	
Venue/Location address	
Event Website	
Date(s) of the Primary Event	
Day set-up/load-in for the event will begin	

Day take-down/load-out of the event will end	
Location of Event for the previous 2 years (list most recent event first)	1 _____ 2 _____ n/a _____
Does the site selection organization charge a bid fee? If so, what is the amount?	Yes No Bid Fee _____
Does the site selection organization charge a hosting fee? If so, what is the amount?	Yes No Hosting Fee _____
Brief Event Description (Max 500 words)	
Does your event promote and assist expansion of tourism in Louisiana? Please explain (max 500 words):	

Have you applied for use of venue(s)/location(s) listed above?

- Yes – site confirmed
- Yes – application pending
- No

Section 5: Fund Request Amount.

Amount of funding requested _____

Has this event received a grant from the Louisiana Office of Tourism or any other Louisiana state agency in the past 5 years?

Yes No

If yes, include amount, name of event and year (N/A if this does not apply)

If yes, please attach a copy of an audited financial statement for the event for most recent year the event was held and for which year such data is available (if applicable).

Section 6: Marketing.

What promotion/marketing plans for your event have been made (print media, radio, TV, social media, etc.) This should be submitted as a separate attachment.

Please provide the estimated audience reach for the all planned promotion and marketing for the event.

Desired Market Area (area that will be affected by the economic impact of the event)

Please list, or attach in a separate document, the proposed activities and budget for advertising and promoting of the Louisiana Office of Tourism during the promotion of the Event and during the event itself ([See LAC 25:V. Chapter9, §909, C](#)).

Section 7. Event Administration and Financial Information.

Please provide the name, phone number, and email address of the applicant's primary contact responsible for financial matters.

Name: _____

Phone: _____

Email: _____

Please attach an **Event Budget** showing all anticipated funding sources, revenues, and expenditures for the event. **Please note:** Recipients of grant funding may be subject to a financial audit, per [La. R.S. 24:513](#)

Section 8: Economic Impact

Expected attendance at Event _____

Expected percentage of attendees coming from outside Louisiana _____%

Of these, what percent will rent hotel rooms or other overnight accommodations? _____%

Average hotel/accommodation room rate in the city/parish in which in the Event is held _____

Sales tax rate of the city/parish in which the Event is held _____%

Expected total \$ amount spent per Event attendee _____*

*This figure includes the entire trip – accommodations, transportation, food, tickets, etc.

Please note: *Post-event reporting requires the actual attendance number and estimated number of attendees that were not residents of the state of Louisiana. This must be provided with supporting documentation. The following methods can be accepted: ticket scan count, sale count, registration check-in count, turnstile count, or participation totals.*

Section 9: Checklist

The following items *must* be included:

- The completed funding application
- Event promotion/marketing plans
- Proposed activities and budget for advertising and promoting of the Louisiana Office of Tourism
- Event budget showing all anticipated funding sources, revenues, and expenditures
- Audited financial statement of event held in previous year (if applicable)

Section 10: Declaration.

You must agree to the below statements before submitting your application:

- I have authority to commit to the following conditions on behalf of the applicant group.
- I understand that my organization/entity cannot receive further funds from the Louisiana Office of Tourism for the same event if this application is successful.
- I consent to LOT recording the details provided in this application and retaining and using these details for considering the application.
- I authorize LOT to seek such information as they may require to complete the consideration of this application.
- I understand my organization/entity may be audited should this application be approved and funding granted.
- I declare that the information provided in this application is correct and true to the best of my knowledge.

Signature _____

Title _____ Date _____

Please submit this application electronically. Please download and complete the application and, together with all documents listed in Section 11: Checklist, email to EIP@crt.la.gov with the name of your event in the subject line.