



CITY OF NEWPORT  
169 SW Coast Highway  
Newport, Oregon 97365  
541.574.0613  
e.glover@newportoregon.gov

### TOURISM MARKETING GRANT FUND APPLICATION

The purpose of the grant program is to promote tourism and increase stays in lodging establishments within the city limits of Newport by funding advertising outside of Lincoln County. Events/activities scheduled for the off and/or shoulder seasons, September 15 through June 15, will be given priority. Funding may not be provided for well-established events/activities, although funding may be provided for expansion or changes of existing events if the city determines the changes will increase tourism.

Applications must be submitted to Erik Glover, Assistant City Manager/City Recorder, at the City Manager's Office. Applications will then be reviewed by the Discover Newport Committee and forwarded to the City Council with a recommendation for approval or denial. The regular City Council meetings are held on the first and third Mondays of the month.

The city reserves the right to grant all or a portion of a request; deny a request; or recommend no award regardless of availability of funds. There is no guarantee that funding, if granted, will be available for an event/activity in subsequent years.

The city will enter into a contract with successful applicants, and award grant monies after an invoice with incurred advertising costs has been submitted.

## INSTRUCTIONS

1. Complete the prepared application for event/activity grant funding. The forms can be obtained at the City Manager's Office, at the Newport City Hall, or on the city website at [www.newportoregon.gov](http://www.newportoregon.gov). Use only the city form when preparing an application.
2. Applications must be submitted a minimum of three months prior to the scheduled event. The Destination Newport Committee will consider applications at their regular monthly meetings. Applications for events that have already occurred will not be accepted.
3. The applicant, or applicant's representative, may attend the Destination Newport Committee meeting at which the application will be considered. No applicant presentation is required, but the applicant should be prepared to respond to questions.
4. Acknowledgement must be given to the City of Newport in all promotional materials and programs associated with the event/activity.
5. Applicants are required to provide the city with a final report summarizing the results of the event/activity including attendance, publicity outside of Lincoln County, lodging occupancy resulting from the event, advertising breakdown, and closing revenue/expenditure report. This information must be submitted to the City Manager's Office no later than one month from the final day of the event/activity. Samples of all marketing materials and acknowledgements should be attached to this report. Failure to provide a final report to the city shall jeopardize future applications.
6. Preference will be given to events/activities that have taken place for three years or less, though events running more than three years are still eligible for consideration if proper reasoning is provided, or there are new components/improvements to existing events/activities.
7. Applicants are encouraged to reach out to local hotels and create a relationship for their event. Following the event, they are encouraged to gather stay data for their event relationship and report this information back with their follow-up report

**General Information:**

Name of Applicant Organization: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Principal Contact (If different from Applicant): \_\_\_\_\_

Mailing Address (If different from Applicant): \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Date(s) and Time(s) of Event: \_\_\_\_\_

Description of Event or Activity\*: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Nature of Event or Activity:

Single Day Event \_\_\_\_\_

Multi-night local lodging event \_\_\_\_\_ days

Extended calendar event. \_\_\_\_\_ days

Amount of Funding Requested: \$ \_\_\_\_\_

Total Event/Activity Budget: \$ \_\_\_\_\_

What specific marketing expenditures will the granted funds be used for?\*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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List event/activity supporters or partners\*: \_\_\_\_\_

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Has applicant received funding in prior years from the city for this event/activity? If yes, when:

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**Projected Event/Activity Impact:**

Describe how the event/activity will affect the Newport economy (e.g., room nights, number of visitors/attendees, restaurant sales, retail sales, etc.): \_\_\_\_\_

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**Financial Reporting Requirements:**

Please provide a proposed budget of revenues and expenditures in a form similar to the following:

**PROPOSED REVENUES**

Source #1	_____	Amount	\$ _____
Source #2	_____	Amount	\$ _____
Source #3	_____	Amount	\$ _____
Source #4	_____	Amount	\$ _____
Source #5	_____	Amount	\$ _____
<b>TOTAL REVENUES</b>			<b>\$ _____</b>

**PROPOSED EXPENDITURES**

Use #1	<u>Advertising</u> _____	Amount	\$ _____
Use #2	_____	Amount	\$ _____
Use #3	_____	Amount	\$ _____
Use #4	_____	Amount	\$ _____
Use #5	_____	Amount	\$ _____
Use #6	_____	Amount	\$ _____
Use #7	_____	Amount	\$ _____
Use #8	_____	Amount	\$ _____
Use #9	_____	Amount	\$ _____
Use #10	_____	Amount	\$ _____
<b>TOTAL EXPENDITURES</b>			<b>\$ _____</b>

**REVENUES MINUS EXPENDITURES**      \$ \_\_\_\_\_

**Advertising Reporting Requirements:**

Please provide a proposed budget of revenues and expenditures in a form similar to the following:

**PROPOSED ADVERTISING REVENUES**

Source #1	_____	Amount	\$ _____
Source #2	_____	Amount	\$ _____
Source #3	_____	Amount	\$ _____
Source #4	_____	Amount	\$ _____
Source #5	_____	Amount	\$ _____
<b>TOTAL REVENUES</b>			<b>\$ _____</b>

**PROPOSED ADVERTISING EXPENDITURES**

Use #1	_____	Amount	\$ _____
Use #2	_____	Amount	\$ _____
Use #3	_____	Amount	\$ _____
Use #4	_____	Amount	\$ _____
Use #5	_____	Amount	\$ _____
Use #6	_____	Amount	\$ _____
Use #7	_____	Amount	\$ _____
Use #8	_____	Amount	\$ _____
Use #9	_____	Amount	\$ _____
Use #10	_____	Amount	\$ _____
<b>TOTAL EXPENDITURES</b>			<b>\$ _____</b>

**REVENUES MINUS EXPENDITURES**      \$ \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Applicant Printed Name