



### DMF APPLICATION FOR FUNDS

Please allow sufficient time (a minimum of two months) between the date of submission and the date of marketing activities in order for the application to be reviewed and any necessary changes to be made:

1. **PROJECT NAME:** \_\_\_\_\_

2. **FUNDING AMOUNT REQUESTED:** \_\_\_\_\_

3. **A) Name of Organization Applying for Sponsorship Funding:**

Name: \_\_\_\_\_

Contact: \_\_\_\_\_

Phone no: \_\_\_\_\_

Email or Fax: \_\_\_\_\_

B) Project Manager (if different from above)

4. **DATES OF FESTIVAL, EVENT OR SPONSORSHIP**

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_  
MM/DD/Year MM/DD/Year

**5. DATES FOR MARKETING EXPENSES**

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

**6. IDENTIFYING THE TARGET MARKETS:**

If more than one market selected, please estimate the percentage of budget Allocated to each region:

Drayton Valley \_\_\_\_\_% \_\_\_\_\_% \_\_\_\_\_%

**MARKETING SEGMENT** (choose best that applies to this project only)

- Attractions \_\_\_\_\_ Ski/Snowboard/Other \_\_\_\_\_
- Rural Tourism \_\_\_\_\_ Sports/Event or Team \_\_\_\_\_
- Corporate/Meeting \_\_\_\_\_ Festival or Event \_\_\_\_\_
- Touring/Sightseeing/Heritage/Cultural/Indigenous \_\_\_\_\_

**MARKETING INITIATIVE & TACTICS:**

Television \_\_\_\_\_ Radio \_\_\_\_\_ Newspaper \_\_\_\_\_  
Brochure \_\_\_\_\_ Magazine \_\_\_\_\_ Outdoors Billboard \_\_\_\_\_  
Online marketing \_\_\_\_\_ Trade Shows \_\_\_\_\_  
Media/Public Relations \_\_\_\_\_  
Direct Mail \_\_\_\_\_ Email \_\_\_\_\_

**7. Is there a media plan for this event? Please describe:**

**8. Description: Please provide a full description of the project (including the topic or package to be marketed, the strategies and tactics of the marketing plan to support the project, goal of campaign, what is the expected benefit to the community, and why this is good for the destination overall.**

9. **What is the expected benefit of the event/activity to the community and who will be the primary beneficiaries?**

10. **What amount of funding for this project is your organization contributing? What other funding is being applied for from other sources and in what amount? Has any other funding been approved?**

11. **Acknowledgement of DVHTA Funding Contribution:** Explain how DVHTA's funding contribution would be acknowledged if the funding application is approved.

12. **Marketing Objectives and Performance Measures:** When completing this section, include at least one objective that sets a target for increased revenue.

### 13. Partner Contact Information:

Company Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone No: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Disclosure of Information:** By submitting this application to Drayton Valley Tourism Hospital Authority (DMF) we acknowledge that information from this application and information concerning the progress of approved projects may be shared, as required, with the DVHTA Board of Directors for the purpose of determining program eligibility and evaluating or monitoring program outcomes, and that a limited amount of information about approved projects may also be shared with the DVHTA membership or related parties. If you have any questions about the collection, use or disclosure of your proposal or approved project, please contact a Board member or our office at 780-514 8134 or via email at [ed.dvhta@gmail.com](mailto:ed.dvhta@gmail.com). We declare that we understand the eligibility criteria and program audit requirements

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Name: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_