



**DENISON CONVENTION AND VISITORS BUREAU
TOURISM GRANT APPLICATION
2025**

FOR ADDITIONAL INFORMATION, PLEASE CONTACT
TOURISM MANAGER | JORDAN STARR
321 W. MAIN STREET | DENISON, TX 75020
(903) 647-7976 | JSTARR@DENISONTX.GOV



HOT FUNDING APPLICATION OVERVIEW

What is a HOT grant?

By ordinance, the City of Denison approves a local hotel occupancy tax with portions of the fund to be dedicated to support convention and tourism centers, promotional and tourist advertising of the City, promotion of the arts, historical preservation and program support for events and activities that attract tourists to the City of Denison.

Who is eligible for a grant?

Grants from the Denison CVB are intended to provide financial support for initiatives, activities, and events that promote the City of Denison for the purpose of attracting visitors to the City. Grants are broken down into three categories:

- 1) Events
- 2) Conventions
- 3) Historic Preservation

What can the funds be used for?

Grant funds must be used to promote tourism and attract visitors to Denison. Eligible uses include marketing, advertising, outreach, and promotional activities for events and conventions or historic preservation projects that draw tourists from outside the local area.

What can funds NOT be used for?

Items ineligible/not covered by grant funds are any items that only ticketholders/attendees receive after arriving, items needed when purchasing admission to the event, or items for use at the event/project.

Who decides if I receive the grant?

Grant applications are reviewed and approved by the Denison CVB Board of Directors.

**Grant applications and reports are divided into three separate applications.
Please choose the category that best fits your HOT request.**

Events: pages 4-21

Conventions: pages 22-38

Historic Preservation: pages 39-47

CYCLE	APPLICATION OPEN	APPLICATION DEADLINE	CVB BOARD DECISION
SPRING	MONDAY, FEBRUARY 3, 2025	MONDAY, MARCH 3, 2025	MARCH 2025
SUMMER	MONDAY, MAY 5, 2025	MONDAY, JUNE 2, 2025	JUNE 2025
FALL	MONDAY, AUGUST 4, 2025	MONDAY, SEPTEMBER 1, 2025	SEPTEMBER 2025
WINTER	MONDAY, NOVEMBER 3, 2025	MONDAY, DECEMBER 1, 2025	DECEMBER 2025

NOTE: EVENT APPLICATIONS MUST BE SUBMITTED AT LEAST 60 DAYS PRIOR TO EVENT DATE

PLEASE RETURN COMPLETED APPLICATIONS TO:

TOURISM MANAGER | JORDAN STARR
321 W. MAIN STREET | DENISON, TX 75020
(903) 647-7976 | JSTARR@DENISONTX.GOV



APPLICATIONS FOR TOURISM GRANTS 2025

Which category or categories apply to your funding request, and amount request under each category:

- ☐ **Convention Center:** construction, improvement, equipping, repairing, operation, and maintenance of convention center facilities or visitor information centers, or both. Amount requested under this category: _____
- ☐ **Registration of Convention Delegates:** furnishing of facilities, personnel, and materials for the registration of convention delegates or registrants. Amount requested under this category: _____
- ☐ **Advertising, Solicitations, Promotional programs to attract tourists and convention delegates** or registrants to the municipality or its vicinity. Amount requested under this category: _____
- ☐ **Promotion of the Arts that Directly Enhance Tourism and the Hotel & Convention Industry:** the encouragement, promotion, improvement, and application of the arts that can be shown to have some direct impact on tourism and the hotel/convention industry. The impact may be that the art facility or event can show hotel nights that are booked due to their events or that guests at hotels attend the arts event. Eligible forms of art include instrumental and vocal music, dance, drama, folk art, creative writing, architecture, design and allied fields, painting, sculpture, photography, graphic and craft arts, motion picture, radio, television, tape and sound recording, and other arts related to the presentation, performance, execution, and exhibition of these major art forms. Amount requested under this category: _____
- ☐ **Historical restoration and preservation projects or activities or advertising and conducting solicitation and promotional programs** to encourage tourists and convention delegates to visit preserved historic sites or museums that are likely to attract tourists and hotel guests. Amount requested under this category: _____
- ☐ **Funding certain expenses, including promotional expenses, directly related to a sporting event within counties with a population of under 1million.** Amount requested under this category: _____
- ☐ **Funding transportation systems for transporting tourists from hotels to and near the city to any of the following destinations: 1) the commercial center of the city; 2) a convention center in the city; 3) other hotels in or near the city; and 4) tourist attractions in or near the city.** Amount requested under this category: _____
- ☐ **Signage directing tourists to sights and attractions that are visited frequently by hotel guests in the municipality.** Amount requested under this category: _____



EVENT

APPLICATION REQUEST FOR TOURISM GRANT 2025



TOURISM GRANT | EVENT APPLICATION REQUEST 2025

Date of Application: _____

Event Name: _____

Event Date(s) & Day(s): _____

NOTE: EVENT APPLICATIONS MUST BE SUBMITTED AT LEAST 60 DAYS PRIOR TO EVENT DATE

Event Location(s): _____

Times Open To The Public: _____

Reason For Event: _____

Event Website: _____

Name of Event Organization: _____

Address of Event Organization: _____

Non-Profit Organization: _____ Yes _____ No

Mission of Organization: _____

Tax ID #: _____ Organization Creation Date: _____

Event Coordinator Contact Name & Mailing Address: _____

Phone: _____ Email: _____

Will your event be within Denison City limits?: _____ Yes _____ No

If not, why?: _____

Will any City of Denison Resources be required?: _____ Yes _____ No

(i.e., road closures, staffing...etc)

If yes, have you completed the Special Event Permit Application?: _____ Yes _____ No

If yes, date completed: _____



TOURISM GRANT | EVENT APPLICATION REQUEST 2025

Amount of Hotel Occupancy Tax (HOT) funds requested: _____

Number of local hotel rooms anticipated for this event: _____

It is **required** that you will include a link to Discover Denison on your promotional handouts and in your website for booking hotel nights during this event. Please initial to acknowledge: _____

Hotel rooms must be secured in Denison in order to receive HOT funding. Room blocks made outside of Denison will jeopardize funding.

Please contact Jordan Starr at jstarr@denisontx.gov for assistance with booking. Event coordinator is responsible for checking conflicting dates and hotel availability prior to submitting application.

Detailed description of event:

Describe **specifically** how the funds will be used:

If this request for funding is denied, will the event/program continue?: _____ Yes _____ No

Detailed plan of how room nights **will** be tracked:



TOURISM GRANT | EVENT APPLICATION REQUEST 2025

Has the Organization previously received HOT Funding from the City of Denison?

_____ Yes _____ No

If Yes, what year(s) and for what purpose?

Has this event been held previously?:

_____ Yes _____ No

If Yes, please complete the following:

Date(s) Held	Location	# of Participants, Spectators, Visitors	How Verified?	# of Hotel Rooms Booked	How Verified?



TOURISM GRANT | EVENT APPLICATION REQUEST 2025

Will this be a ticketed event?: _____ Yes _____ No

Price of ticket / admission / entry fee (*Differ between adults, children, seniors, military, etc.*):

Description of participants / teams (geographic or qualifying information, by invitation only, etc.):

Please describe how this event/program will increase tourism or have an economic impact on the City of Denison?: _____

How will this event/program generate overnight stays in Denison lodging?:

How much Hotel Occupancy Tax is projected to be generated in Denison by this event/program?:

of Rooms: _____ X # of Nights: _____ X room rate \$ _____ X tax \$0.07 =
\$ _____

How many day visitors (not requiring lodging) do you expect?: _____

What is the estimated number of attendees?: _____

Geographical reach of attendees (check one)

- Primarily local attendees _____
- Primarily out-of-town attendees _____
- Balanced _____

Do you have other sponsors?: _____ Yes _____ No If yes, please list their **names**:



TOURISM GRANT | EVENT APPLICATION REQUEST 2025

What is your plan to market and promote the event or project and attract visitors to Denison, outside of the use of the HOT funds? (i.e., social media, other advertising)

What marketing initiatives will you utilize to promote hotel and convention activity for this event?

What geographic areas does your advertising and promotion reach?

It is **required** that you will include the approved Discover Denison logo on your promotional handouts and on your website as a sponsor for this event. Please submit samples of your promotional handouts in your Post-Event Report. Please initial to acknowledge: _____

Failure to do so will jeopardize funding



TOURISM GRANT | EVENT APPLICATION REQUEST 2025

Venue: _____

Meeting Space (check one or both): _____ Held in Hotel _____ Outside of a Hotel _____

Overnight Visitors # _____ Day Visitors Only # _____

Room Block Room Rate (\$) _____ Room Block (qty) _____

Overnight Airline Travelers # _____

Will you be needing any of the following? *(check all that apply)*

Area Maps & Visitor Guides _____ Quantity _____

Coupons to local businesses _____ Quantity _____

Swag Bags _____ Quantity _____

For events that will have live music

Residence of Artists

- Local performers/artists _____ %
- Out-of-town performers/artists _____ %



TOURISM GRANT | EVENT APPLICATION REQUEST 2025

BUDGET FOR PROPOSED EVENT/PROGRAM

EXPENSES

Space Rental: _____

Food & Beverage: _____

Audio/Visual: _____

Internet: _____

Security: _____

Staff Costs: _____

Entertainment: _____

Lodging: _____

Other: _____

ADVERTISING

Newspaper: _____

Radio: _____

TV: _____

Other Paid Advertising: _____

Social Media Costs: _____

Direct Mailings: _____

Press Releases/Media Alerts: _____

Total Advertising Costs: _____

Notes:

OTHER EXPENSES NOT LISTED ABOVE:

Total Anticipated Expenses: _____

REVENUES

Cash Incentives:	_____
Donations:	_____
In-Kind Services:	_____
Discover Denison Funding:	_____
Sponsorships:	_____
Ticket Sales:	_____
Other:	_____

Total Anticipated Revenues:	_____

A Post-Event/Program Report is required to be submitted within 60 days of completion of the event/program. The completed form may be emailed to jstarr@denisontx.gov or delivered to the Discover Denison Visitor Center, at 321 W. Main Street, Denison, TX 75020.
Failure to submit a Post-Event/Program report could affect future funding recommendations for HOT funds.

It is required that you will include financial statements, receipts of expenditures, and receipts of revenues with your Post-Event Report. Please initial to acknowledge:_____
Failure to do so will jeopardize funding.

I understand the Texas State limitations placed on use of Hotel Occupancy Tax funds, and certify that the requested funds will be used only for purposes described in this application or as approved by the City. I understand the use of HOT funds is subject to audit.

Signature HOT Fund Recipient

Printed Name of HOT Fund Recipient

Date



LETTER OF AGREEMENT

A fund has been established to bring new events to Denison that specifically attracts out of town visitors, generating additional economic impact into the city.

The application must be submitted to the Tourism Manager for Discover Denison by the seasonal deadline in order to be considered for the HOT funds. The CVB Advisory Board will have final approval.

- Events, Tournaments and Conventions will be evaluated based on projected hotel room night revenue
- Unless otherwise negotiated, sponsorship amount is calculated by Room Nights x Room Rate x 3.5% = Total Eligible Sponsorship
- Every effort must be made to show preference to Denison Hotels and only Denison hotel room pickups will be used to calculate final sponsorship amount
- Group will select Host Hotel. Once host hotel is full, overflow hotels may be added to event website
- Participating hotels will work with Group to provide hotel booking numbers prior and following the event
- Applicant is responsible for balance of amounts due
- Discover Denison must be listed as a sponsor

For consideration, please submit the following that apply:

- Completed RFP
- Completed HOT Funding Application
- Current W-9 for payment
- Required documents
- Any additional information which allow for better understanding of the scope of the event
- Signed Grant Letter of Agreement
- Copy of IRS determination letter as to 501(c)(3) or 501(c)(6) status
- List of current Board of Directors and Officers
- IRS Form 990

Applicant Signature: _____ Date: _____

To submit an application or inquire about event funding, please contact:

TOURISM MANAGER | JORDAN STARR
321 W. MAIN STREET | DENISON, TX 75020
(903) 647-7976 | JSTARR@DENISONTX.GOV

Are you comfortable presenting your application to the CVB Board? _____ Yes _____ No



EVENT

POST-EVENT REPORT FOR TOURISM GRANT 2025

NOTE:

THE POST-EVENT REPORT IS A REQUIRED FOLLOW-UP DOCUMENT AND IS NOT PART OF THE INITIAL GRANT APPLICATION. IT MUST BE SUBMITTED WITHIN 60 DAYS FOLLOWING THE CONCLUSION OF THE FUNDED EVENT. PLEASE DO NOT COMPLETE THIS SECTION AT THE TIME OF APPLICATION. WE RECOMMEND YOU RETAIN A COPY OF THIS REPORT FORM TO COMPLETE AND SUBMIT AFTER YOUR EVENT HAS TAKEN PLACE.



TOURISM GRANT | POST-EVENT REPORT 2025

Event Overview

Name of Event: _____ Date(s) of event: _____

Amount of Funds Awarded: _____

Organization: _____

Name of Person Submitting Report: _____ Title: _____

Address of Organization: _____ City: _____

State: _____ Zip: _____ Phone Number: _____

Email Address: _____

Media / Advertising Information

Please provide a summary of media/advertising exposure received (local, regional, state, and national print/television/radio advertising) with copies of receipts, contracts or copies of checks. Please include examples of promotional materials (social media posts, digital ads, brochures, posters, programs, etc.) and a listing of areas of distribution.

Participant / Spectator / Visitor Information

Total Attendees (If multiple day event, please list by date): _____

How Verified (event registration, head count, sign in, estimate, other): _____

Out-Of-Town Visitors (If multiple day event, please list by date): _____

How Verified (event registration, head count, sign in, estimate, other): _____

Day Visitors (If multiple day event, please list by date): _____

How Verified (event registration, head count, sign in, estimate, other): _____



TOURISM GRANT | POST-EVENT REPORT 2025

Total # Room Nights: _____

Date	Establishment: Hotel, Motel, B&B, SRT	Total Room Nights	Room Rate	How Verified?

How did you promote hotel stays for the event?

Survey

Please attach any survey(s) conducted during or after the event. Additional literature pertaining to the event such as e-mails, newspaper or magazine articles, etc. should also be submitted.



TOURISM GRANT | POST-EVENT REPORT 2025

Tourism Impact

Please provide a brief summary of the event, including its primary goals, key activities, and overall outcomes. Be sure to describe how the event attracted visitors from outside the community, supported tourism-related businesses (such as hotels, restaurants, or attractions), and contributed to the promotion of Denison as a destination:

Would you consider this event a success in attracting visitors to Denison?

_____ Yes _____ No

What worked well for your event? What challenges did you encounter, if any?

Do you plan on holding this event in Denison next year? _____ Yes _____ No _____ Undecided

If Yes, will you be applying for the grant again? _____ Yes _____ No _____ Undecided

If No, please explain why: _____



TOURISM GRANT | POST-EVENT REPORT 2025

Financial Reporting

Please provide a breakdown of how the grant funds were spent.

(Attach financial statements and receipts for the project. The financials should include expenses for items such as clean-up services, rentals, equipment, entertainment, sanction fees, facility rental, security, officials, insurance, housing, labor, marketing/promo, event director, etc.)

Were any matching funds or additional funding sources used? If so, please list them.

Were there any unexpected costs or savings?

☐ Yes

☐ No

If yes, explain:



TOURISM GRANT | POST-EVENT REPORT 2025

EXPENDITURE REPORT FOR EVENT/PROGRAM

EXPENSES

Space Rental: _____
Food & Beverage: _____
Audio/Visual: _____
Internet: _____
Security: _____
Staff Costs: _____
Entertainment: _____
Lodging: _____
Other: _____

ADVERTISING

Newspaper: _____
Radio: _____
TV: _____
Other Paid Advertising: _____
Social Media Costs: _____
Direct Mailings: _____
Press Releases/Media Alerts: _____

Total Advertising Costs: _____

Notes:

OTHER EXPENSES NOT LISTED ABOVE:

Total Expenses: _____

REVENUES

Cash Incentives: _____

Donations: _____

In-Kind Services: _____

Discover Denison Funding: _____

Sponsorships: _____

Ticket Sales: _____

Other: _____

Total Revenues: _____

Notes:

USE OF HOT FUNDS

Total Amount of HOT Funds Received: _____

Total Amount Spent on Eligible Expenses: _____

Were any HOT funds unspent or saved: _____ Yes _____ No

If yes, explain how the remaining funds were used or if they will be returned:

Briefly describe how HOT funds were used (e.g., marketing, production, vendor services):



TOURISM GRANT | POST-EVENT REPORT 2025

Acknowledgment

By initialing below, I acknowledge that:

- I have included all required financial statements, receipts of expenditures, and receipts of revenues with this Post-Event Report. _____
- This report is being submitted within 60 days of the event. _____
- I understand that failure to submit complete details or meet reporting requirements may impact future eligibility for Hotel Occupancy Tax (HOT) funding. _____
- I understand and agree to abide by the Texas State limitations placed on the use of HOT funds, and I certify that all funds will be used solely for purposes described in this report or as approved by the City. _____
- I understand that all HOT fund usage is subject to audit. _____

Signature HOT Fund Recipient

Printed Name of HOT Fund Recipient

Date



CONVENTION

APPLICATION REQUEST FOR TOURISM GRANT 2025



TOURISM GRANT | CONVENTION APPLICATION REQUEST 2025

Date of Application: _____

Type of Event: _____

Event Date(s) & Day(s): _____

NOTE: CONVENTION APPLICATIONS MUST BE SUBMITTED AT LEAST 60 DAYS PRIOR TO EVENT DATE

Event Venue(s): _____

Event Times: _____

Reason For Event: _____

Event and/or Organization Website(s): _____

Name of Event Organization: _____

Address of Event Organization: _____

Non-Profit Organization: _____ Yes _____ No

Mission of Organization: _____

Tax ID #: _____ Organization Creation Date: _____

Event Coordinator Contact Name & Mailing Address: _____

Phone: _____ Email: _____

Will your event be within Denison City limits?: _____ Yes _____ No

If not, why?: _____

Will any City of Denison Resources be required?: _____ Yes _____ No

(i.e., booking activities, dinner reservations, providing welcome bags, hotel reservations and blocks, etc.)



TOURISM GRANT | CONVENTION APPLICATION REQUEST 2025

Amount of Hotel Occupancy Tax (HOT) funds requested: _____

Number of local hotel rooms anticipated for this event: _____

It is **required** that you will include a link to Discover Denison's website on your promotional handouts and in your website for booking hotel nights during this event. Please initial to acknowledge: _____

Hotel rooms must be secured in Denison in order to receive HOT funding. Room blocks made outside of Denison will jeopardize funding.

Please contact Jordan Starr at jstarr@denisontx.gov for assistance with booking. Event coordinator is responsible for checking conflicting dates and hotel availability prior to submitting application.

Detailed description of event:

Describe **specifically** how the funds will be used:

If this request for funding is denied, will the event continue?: _____ Yes _____ No

Detailed plan of how room nights **will** be tracked:



TOURISM GRANT | CONVENTION APPLICATION REQUEST 2025

Has the Organization previously received HOT Funding from the City of Denison?

_____ Yes _____ No

If Yes, what year(s) and for what purpose?

Has this convention been held previously?:

_____ Yes _____ No

If Yes, please complete the following:

Date(s) Held	Location	# of Participants/ attendees	How Verified?	# of Hotel Rooms Booked	How Verified?



TOURISM GRANT | CONVENTION APPLICATION REQUEST 2025

Will this be a registration-based event?: _____ Yes _____ No

Please explain (Detail the ticket structure or registration fees or state that the event is free and open to the public): _____

Price of registration/tickets/entry: _____

Description of participants/attendees (geographic or qualifying information, etc.): _____

Please describe how this event/program will increase tourism or have an economic impact on the City of Denison (restaurants, shopping, etc.): _____

How will this event/program generate overnight stays in Denison lodging?: _____

How much Hotel Occupancy Tax is projected to be generated in Denison by this event/program?:
of Rooms: _____ X # of Nights: _____ X Room Rate \$ _____ X Tax \$0.07 =
\$ _____

How many day visitors (not requiring lodging) do you expect?: _____

How many vendors/exhibitors do you expect: _____

What is the estimated number of attendees?: _____

Geographical reach of attendees (check one)

- Primarily local attendees _____
- Primarily out-of-town attendees _____
- Balanced _____

Do you have other sponsors?: _____ Yes _____ No If yes, please list their **names**: _____



TOURISM GRANT | CONVENTION APPLICATION REQUEST 2025

What is your plan to market and promote the event and attract visitors to Denison, outside of the use of the HOT funds? *(Include advertising channels, geographic markets, and any partnerships)*

What marketing initiatives will you utilize to promote hotel and convention activity for this event (Attach examples or mockups of marketing materials, if available)?

What geographic areas does your advertising and promotion reach?

It is **required** that you will include the approved Discover Denison logo on your promotional handouts and on your website as a sponsor for this event. Please submit samples of your promotional handouts in your Post-Convention Report. Please initial to acknowledge: _____
Failure to do so will jeopardize funding.



TOURISM GRANT | CONVENTION APPLICATION REQUEST 2025

BUDGET FOR PROPOSED CONVENTION/EXPO

EXPENSES

Space Rental: _____

Food & Beverage: _____

Audio/Visual: _____

Internet: _____

Security: _____

Staff Costs: _____

Entertainment: _____

Lodging: _____

Other: _____

ADVERTISING

Newspaper: _____

Radio: _____

TV: _____

Other Paid Advertising: _____

Social Media Costs: _____

Direct Mailings: _____

Press Releases/Media Alerts: _____

Total Advertising Costs: _____

Notes:

OTHER EXPENSES NOT LISTED ABOVE:

Total Anticipated Expenses: _____

REVENUES

Cash Incentives:	_____
Donations:	_____
In-Kind Services:	_____
Discover Denison Funding:	_____
Sponsorships:	_____
Ticket/Registration Sales:	_____
Other:	_____

Total Anticipated Revenues:	_____

A Post-Convention Report is required to be submitted within 60 days of completion of the event/program. The completed form may be emailed to jstarr@denisontx.gov or delivered to the Discover Denison Visitor Center, at 321 W. Main Street, Denison, TX 75020.
Failure to submit a Post-Convention report could affect future funding recommendations for HOT funds.

It is required that you will include financial statements, receipts of expenditures, and receipts of revenues with your Post-Convention Report. Please initial to acknowledge:_____
Failure to do so will jeopardize funding.

I understand the Texas State limitations placed on use of Hotel Occupancy Tax funds, and certify that the requested funds will be used only for purposes described in this application or as approved by the City. I understand the use of HOT funds is subject to audit.

Signature HOT Fund Recipient

Printed Name of HOT Fund Recipient

Date



LETTER OF AGREEMENT

A fund has been established to bring conventions and expos to Denison that specifically attracts out of town visitors, generating additional economic impact into the city.

The application must be submitted to the Tourism Manager for Discover Denison by the seasonal deadline in order to be considered for the HOT funds. The CVB Advisory Board will have final approval.

- Events, Tournaments and Conventions will be evaluated based on projected hotel room night revenue
- Unless otherwise negotiated, sponsorship amount is calculated by Room Nights x Room Rate x 3.5% = Total Eligible Sponsorship
- Every effort must be made to show preference to Denison Hotels and only Denison hotel room pickups will be used to calculate final sponsorship amount
- Group will select Host Hotel. Once host hotel is full, overflow hotels may be added to event website
- Participating hotels will work with Group to provide hotel booking numbers prior and following the event
- Applicant is responsible for balance of amounts due
- Discover Denison must be listed as a sponsor

For consideration, please submit the following that apply:

- Completed RFP for convention or expo on DiscoverDenison.com
- Completed HOT Funding Application
- Current W-9 for payment
- Required documents
- Any additional information which allow for better understanding of the scope of the event
- Signed Grant Letter of Agreement
- Copy of IRS determination letter as to 501(c)(3) or 501(c)(6) status
- List of current Board of Directors and Officers
- IRS Form 990

Applicant Signature: _____ Date: _____

To submit an application or inquire about event funding, please contact:

TOURISM MANAGER | JORDAN STARR
321 W. MAIN STREET | DENISON, TX 75020
(903) 647-7976 | JSTARR@DENISONTX.GOV

Are you comfortable presenting your application to the CVB Board? _____ Yes _____ No



CONVENTION

POST-CONVENTION REPORT FOR TOURISM GRANT 2025

NOTE:

THE POST-CONVENTION REPORT IS A REQUIRED FOLLOW-UP DOCUMENT AND IS NOT PART OF THE INITIAL GRANT APPLICATION. IT MUST BE SUBMITTED WITHIN 60 DAYS FOLLOWING THE CONCLUSION OF THE FUNDED EVENT. PLEASE DO NOT COMPLETE THIS SECTION AT THE TIME OF APPLICATION. WE RECOMMEND YOU RETAIN A COPY OF THIS REPORT FORM TO COMPLETE AND SUBMIT AFTER YOUR EVENT HAS TAKEN PLACE.



TOURISM GRANT | POST-CONVENTION REPORT 2025

Event Overview

Name of Event: _____ Date(s) of event: _____

Amount of Funds Awarded: _____

Organization: _____

Name of Person Submitting Report: _____ Title: _____

Address of Organization: _____ City: _____

State: _____ Zip: _____ Phone Number: _____

Email Address: _____

Media / Advertising Information

Please provide a summary of media/advertising exposure received (local, regional, state, and national print/television/radio advertising) with copies of receipts, contracts or copies of checks. Please include examples of promotional materials (social media posts, digital ads, brochures, posters, programs, etc.) and a listing of areas of distribution.

Participant / Spectator / Visitor Information

Total Attendees (If multiple day event, please list by date): _____

How Verified (event registration, head count, sign in, estimate, other): _____

Out-Of-Town Visitors (If multiple day event, please list by date): _____

How Verified (event registration, head count, sign in, estimate, other): _____

Day Visitors (If multiple day event, please list by date): _____

How Verified (event registration, head count, sign in, estimate, other): _____

Vendors/Exhibitors (If multiple day event, please list by date): _____

How Verified (event registration, head count, sign in, estimate, other): _____



TOURISM GRANT | POST-CONVENTION REPORT 2025

Total # Room Nights: _____

Date	Establishment: Hotel, Motel, B&B, SRT	Total Room Nights	Room Rate	How Verified?

How did you promote hotel stays for the event?

Survey

Please attach any survey(s) conducted during or after the event. Additional literature pertaining to the event such as e-mails, newspaper or magazine articles, etc. should also be submitted.



TOURISM GRANT | POST-CONVENTION REPORT 2025

Tourism Impact

Please provide a brief summary of the event, including its primary goals, key activities, and overall outcomes. Be sure to describe how the convention/expo attracted visitors from outside the community, supported tourism-related businesses (such as hotels, restaurants, or attractions), and contributed to the promotion of Denison as a destination:

Would you consider this event a success in attracting visitors to Denison?

_____ Yes _____ No

What worked well for your event? What challenges did you encounter, if any?

Do you plan on holding this event in Denison next year? _____ Yes _____ No _____ Undecided

If Yes, will you be applying for the grant again? _____ Yes _____ No _____ Undecided

If No, please explain why: _____



TOURISM GRANT | POST-CONVENTION REPORT 2025

Financial Reporting

Please provide a breakdown of how the grant funds were spent.

(Attach financial statements and receipts for the project. The financials should include expenses for items such as clean-up services, rentals, equipment, entertainment, sanction fees, facility rental, security, officials, insurance, housing, labor, marketing/promo, event director, etc.)

Were any matching funds or additional funding sources used? If so, please list them.

Were there any unexpected costs or savings?

☐ Yes

☐ No

If yes, explain:



TOURISM GRANT | POST-CONVENTION REPORT 2025

EXPENDITURE REPORT FOR CONVENTION/EXPO

EXPENSES

Space Rental: _____
Food & Beverage: _____
Audio/Visual: _____
Internet: _____
Security: _____
Staff Costs: _____
Entertainment: _____
Lodging: _____
Other: _____

ADVERTISING

Newspaper: _____
Radio: _____
TV: _____
Other Paid Advertising: _____
Social Media Costs: _____
Direct Mailings: _____
Press Releases/Media Alerts: _____

Total Advertising Costs: _____

Notes:

OTHER EXPENSES NOT LISTED ABOVE:

Total Expenses: _____

REVENUES

Cash Incentives: _____

Donations: _____

In-Kind Services: _____

Discover Denison Funding: _____

Sponsorships: _____

Ticket/Registration Sales: _____

Other: _____

Total Revenues: _____

Notes:

USE OF HOT FUNDS

Total Amount of HOT Funds Received: _____

Total Amount Spent on Eligible Expenses: _____

Were any HOT funds unspent or saved: _____ Yes _____ No

If yes, explain how the remaining funds were used or if they will be returned:

Briefly describe how HOT funds were used (e.g., marketing, production, vendor services):



TOURISM GRANT | POST-CONVENTION REPORT 2025

Acknowledgment

By initialing below, I acknowledge that:

- I have included all required financial statements, receipts of expenditures, and receipts of revenues with this Post-Convention Report. _____
- This report is being submitted within 60 days of the event. _____
- I understand that failure to submit complete details or meet reporting requirements may impact future eligibility for Hotel Occupancy Tax (HOT) funding. _____
- I understand and agree to abide by the Texas State limitations placed on the use of HOT funds, and I certify that all funds will be used solely for purposes described in this report or as approved by the City. _____
- I understand that all HOT fund usage is subject to audit. _____

Signature HOT Fund Recipient

Printed Name of HOT Fund Recipient

Date



HISTORIC PRESERVATION

APPLICATION REQUEST FOR TOURISM GRANT

2025



TOURISM GRANT | HISTORIC PRESERVATION APPLICATION REQUEST 2025

Date of Application: _____

Organization Name: _____

Address of Location: _____

Times Open To The Public: _____

Website: _____

Non-Profit Organization: _____ Yes _____ No

Mission of Organization: _____

Tax ID #: _____ Organization Creation Date: _____

Phone: _____ Email: _____

Amount of Hotel Occupancy Tax (HOT) funds requested: _____

Describe ***specifically*** how the funds will be used:

How will you measure the return on investment of the requested amount of HOT funds?:



TOURISM GRANT | HISTORIC PRESERVATION APPLICATION REQUEST 2025

Date of completion for proposed program: _____

Is this request to fund a historical preservation, restoration, or heritage-related activity?:

_____ Yes _____ No

If yes, please explain:

Is this request to fund a restoration project of a historical asset?: _____ Yes _____ No

If yes, please explain:

What is the total number of yearly visitors?: _____

How Verified: _____

Geographical reach of visitors (check one)

- Primarily local attendees _____ How Verified: _____
- Primarily out-of-town attendees _____ How Verified: _____
- Total # Visitors using Denison lodging: _____

What is your plan to market and promote your location and attract visitors to Denison, outside of the use of the HOT funds? (i.e., social media, other advertising)

What geographic areas does your advertising and promotion reach?



LETTER OF AGREEMENT

A fund has been established for Historic Preservation in Denison that specifically attracts out of town visitors, generating additional economic impact into the city.

The application must be submitted to Tourism Manager for Discover Denison by the seasonal grant deadline in order to be considered for the Historic Preservation funds.

For consideration, please submit the following that apply:

- Completed HOT Funding Application
- Current W-9 for payment
- Marketing plan
- Any additional information which allow for better understanding of the scope of the project.
- Signed Grant Letter of Agreement
- Copy of IRS determination letter as to 501(c)(3) or 501(c)(6) status
- List of current Board of Directors and Officers
- IRS Form 990

It is **required** that you will include financial statements, receipts of expenditures, and receipts of revenues with your PostProject Report. Please initial to acknowledge: _____

A HISTORIC PRESERVATION PROJECT REPORT is required to be submitted within 60 days of completion of the restoration project. The completed form may be emailed to jstarr@denisontx.gov or delivered to the Discover Denison Visitor Center, at 321 W. Main Street, Denison, TX 75020.

Failure to submit a HISTORIC PRESERVATION PROJECT REPORT could affect future funding recommendations for HOT funds.

I understand the Texas State limitations placed on use of Hotel Occupancy Tax funds, and certify that the requested funds will be used only for purposes described in this application or as approved by the City. I understand the use of HOT funds is subject to audit.

Signature HOT Fund Recipient

Printed Name of HOT Fund Recipient

Date

Are you comfortable presenting your application to the CVB Board? _____ Yes _____ No

TO SUBMIT AN APPLICATION OR INQUIRE ABOUT EVENT FUNDING, PLEASE CONTACT:

TOURISM MANAGER | JORDAN STARR
321 W. MAIN STREET | DENISON, TX 75020
(903) 647-7976 | JSTARR@DENISONTX.GOV



HISTORIC PRESERVATION

HISTORIC PRESERVATION PROJECT REPORT FOR TOURISM GRANT 2025

NOTE:

THE HISTORIC PRESERVATION PROJECT REPORT IS A REQUIRED FOLLOW-UP DOCUMENT AND IS NOT PART OF THE INITIAL GRANT APPLICATION. IT MUST BE SUBMITTED WITHIN 60 DAYS FOLLOWING THE CONCLUSION OF THE FUNDED PROJECT. PLEASE DO NOT COMPLETE THIS SECTION AT THE TIME OF APPLICATION. WE RECOMMEND YOU RETAIN A COPY OF THIS REPORT FORM TO COMPLETE AND SUBMIT AFTER YOUR EVENT HAS TAKEN PLACE.



TOURISM GRANT | HISTORIC PRESERVATION PROJECT REPORT 2025

Project Overview

Please describe the funded project or activity:

(Include details such as restoration work completed, exhibits installed, programs held, etc.)

What was the primary goal of this project?

(e.g., preservation, restoration, etc.)

Which historical asset or activity was the focus of this project?

(Include the name, location, and a brief historical significance.)

Please detail the specific work completed.

(e.g., roof repairs, artifact conservation, structural stabilization)

Attach before-and-after photos, invoices, or contractor reports to support restoration claims.



TOURISM GRANT | HISTORIC PRESERVATION PROJECT REPORT 2025

Financial Reporting

Total Amount of HOT Funds Received: \$ _____

Total Amount Spent on Eligible Expenses: \$ _____

Please provide a breakdown of how the grant funds were spent.

(Attach financial statements and receipts for the project.)

Were any matching funds or additional funding sources used? If so, please list them.

Were any HOT funds unspent or saved?

☐ Yes

☐ No

If yes, explain how the remaining funds were used or if they will be returned:



TOURISM GRANT | HISTORIC PRESERVATION PROJECT REPORT 2025

Tourism Impact

Has the restoration or preservation project increased visitation to the site?

☐ Yes

☐ No

If Yes, please describe how.

Estimate the number of tourists or out-of-town visitors drawn by this project: _____

How Verified: _____

Number of attendees: _____ How Verified: _____

What kind of visitors are engaging with the site (locals, day-trippers, overnight tourists)?

How was this data collected? (Ticketing, surveys, sign-ins, etc.)

Did the site visitation result in hotel overnight stays?

☐ Yes

☐ No

If yes, estimate the number of rooms booked: _____

How was this determined? (e.g., partner hotel feedback, event surveys)

Would you consider this project a success in attracting visitors and preserving history?

_____ Yes _____ No

What long-term benefits do you anticipate from this project for tourism and heritage preservation?



TOURISM GRANT | HISTORIC PRESERVATION PROJECT REPORT 2025

Acknowledgment

By initialing below, I acknowledge that:

- I have included all required financial statements, receipts of expenditures, and receipts of revenues with this HISTORIC PRESERVATION PROJECT REPORT. _____
- This report is being submitted within 60 days of the completion of the restoration project. _____
- I understand that failure to submit complete details or meet reporting requirements may impact future eligibility for Hotel Occupancy Tax (HOT) funding. _____
- I understand and agree to abide by the Texas State limitations placed on the use of HOT funds, and I certify that all funds will be used solely for purposes described in this report or as approved by the City. _____
- I understand that all HOT fund usage is subject to audit. _____

Signature HOT Fund Recipient

Printed Name of HOT Fund Recipient

Date