



Visit Dublin GA Tourism Grant Program

APPLICATION FOR FUNDING REQUEST, FY26 CYCLE 2

- ☐ Complete this Application Checklist, fill out and sign application.
- ☐ Submit Responses to the following:
 1. Describe the tourism product for which you are requesting this grant. Include its mission, goals, and activities. If this is a project, provide a project completion timeline for the next 12 months. If this request is part of a larger product, please describe the larger product and how this component is integrated. (25 points)
 2. Describe in detail how this product relates to TOURISM, focusing on the overall economic impact of tourism to Laurens County. What new spending will your product generate from those outside Laurens County who would visit? What attendance figures do you expect? (25 points)
- ☐ Submit a product marketing plan to attract visitors from outside of Dublin-Laurens County (50+ miles). This can include targeted social media ads; digital, print, and television ads; and billboards. (25 points)
- ☐ Submit a line-item budget for the product. Grant applications with financial input from the organization or other outside organizations are typically graded higher than those requesting 100% assistance. (20 points)
- ☐ Submit one (1) letter of support for the product. (5 points)

Submit application and required documents with supporting documentation, including this checklist, no later than 5 PM on Friday, March 27th, 2026 to: miriam@visitdublinga.org

Late or incomplete materials will not be accepted. Applications will only be accepted by email.

Application and supporting documents must be submitted in PDF form. Applications can be completed in versions of Microsoft Word or Excel, but must be converted to PDF prior to submitting the final application request.

Applicants may submit multiple emails or use Google Drive if all attachments cannot be sent within one email. Receipt of application will be confirmed by Visit Dublin GA within 48 hours of submission. Please apply early to avoid technical difficulties; no applications received following the 5 PM deadline on the due date will be accepted.

FY26 Tourism Grant Program Application

APPLICANT INFORMATION

Organization Name:

Organization Type:

☐ Non-Profit (documentation required) ☐ Private Business

☐ Other. Describe: _____

Mailing Address: _____

City/State /Zip: _____

Chief Officer of Organization (Name, Title): _____

Contact Person for Project: _____

Telephone: _____ Email: _____

What is the total amount of grant funding that you are requesting? _____

Have you previously received any grant(s) from Visit Dublin GA? ☐ Yes ☐ No

If yes, complete the following:

Date of Grant: _____ Project: _____ Amount: _____

PRODUCT INFORMATION

Product Name: _____

Description of Product: _____

Product Category: ☐ Festival/Event ☐ Tourism Project Development

☐ Marketing ☐ Other

Product Type: ☐ New ☐ Continued ☐ Expansion

Date you will begin work on the product: (Month/Year) _____

Date project scheduled for completion: (Month/Year) _____ OR

Date(s) if product is Festival/Event: (Month/Year) _____

ECONOMIC IMPACT INFORMATION

Will your product attract overnight visitors from outside Laurens County? ☐ Yes ☐ No

If yes, how many hotel rooms do you anticipate using? _____

Please list hotels contracted, with estimated room blocks if applicable: _____

Will your product attract/influence local area citizens? ☐ Yes ☐ No

If yes, how? _____

Will your product create economic impact (i.e. restaurants, shopping, etc.)? ☐ Yes ☐ No

If yes, how? _____

How is your attendance tracked and verified? _____

What is the expected total attendance for your festival, event or tourism product? _____

How many people outside of Laurens County will be exposed to your product? _____

What will be the primary benefits of your product for the hospitality community? _____

What additional comments can you provide that support the economic impact of this project?

SIGNATURES

Signature of authorizing official

Date

Signature of authorizing official

Date