

DTPID Pre-Event Application and Budget Form

Submitted 60 days prior to Event Start

Hotel Name:			
Street Address:		Primary Contact Name:	
City/State/Zip:		Contact's Title:	
Main Phone Number:		Contact's Phone No.:	
Website:		Contact's Email:	

Event Name:			
Event Start Date:		Event End Date:	
% of Inventory at Peak:		Event Decision Date:	
Previously in Dallas:	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, last meeting date:	

DTPID Funds Requested for Pre-Approval:		<i>(available funding calculated below)</i>
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Budget/Use of DTPID funding:							
Category	Advertising/PR	Promotion	Web/Tech.	Printing/Dist.	Research	All Other	TOTAL
Event Total							
DTPID \$							
DTPID %							

Brief Event Description *(include competing cities):*

Brief Description of DTPID Funding:

Available Funding and Return on Investment: *(attach contracted/requested room flow)*

- Your anticipated number of **Hotel Room Nights** as determined by contracted room block
- Multiplied by **Contracted Hotel Rate** to get **Total Revenue**
- Divide **Total Revenue** by 10 to get the 10:1 required ROI = **Maximum Eligible DTPID Amount**

$$\text{Hotel Room Nights} \quad \underline{\hspace{2cm}} \quad \times \text{Room Rate} \quad \underline{\hspace{2cm}} \quad = \text{Total Revenue} \quad \underline{\hspace{2cm}} \quad \div 10 \text{ (for ROI)} = \underline{\hspace{2cm}}$$

Maximum Eligible DTPID Amount

When submitting this Individual Hotel Incentive Application, signatories acknowledge the information contained herein as accurate and agree to review of all related event materials and final support documentation prior to DTPID payment.

	Signature:	Email:	Date:
Applicant:			
GM:			

Please submit Application via email to Sheryl@VisitDallas.com