

Applications will be accepted beginning April 21, 2025, at 9 a.m. CT. Completed applications must be submitted to EMTgrant@state.mn.us and will be accepted through **June 20, 2025, at 4 p.m.**, or until all funds have been awarded, whichever occurs first. Incomplete applications will be rejected and returned to applicant. Rejected applications will lose queue priority but may be resubmitted if program funding is available. The [2026 Tourism Grant Guidelines](#) can be found on the [industry website](#).

Contact Information

Organization Name		
Address	City	Zip
Contact	Title	
Email	Phone	

Organization's Website
Web address where the linked Explore Minnesota logo will be placed.

Minnesota Supplier/Vendor ID
If you do not know your state-issued supplier/vendor ID, contact Vendor Resources before submitting your application.

Our organization is set up to receive funds from the State of Minnesota via ACH/EFT direct deposit.

Vendor Resources	Website or Email Address	Phone
mn.gov/mmb/accounting/swift/vendor-resources/		
ACH/EFT/Direct Deposit Assistance	efthelpline.mmb@state.mn.us	651-201-8106
Supplier/Vendor ID Assistance	vendor.mmbfax@state.mn.us	651-201-8100

Select from the Eligible Organizations list below that best describes your organization:

A nonprofit DMO such as a convention & visitor's bureau (CVB), a chamber of commerce or resort association. A recent copy of IRS Form 990 and Certificate of Incorporation (COI) from the Minnesota Secretary of State are required to apply for funding.

A municipal DMO that is the primary tourism marketing organization in their community, with designated city staff who devote time to marketing their community for tourism and has a tourism-focused website separate from their city website.

A federally recognized Tribal Nation sharing geography with Minnesota.

Grant Funding Limits

Organizations are not required to request the maximum award provided below. Award maximums are based on the organizational budget. More information on award levels can be found in the [2026 Tourism Grant Guidelines](#).

Check One:

Award Categories (based on Organization Budget)	Maximum Award Amount
\$99,999 or less and Municipal DMOs	Up to \$2,000
\$100,000 to \$499,999	Up to \$3,500
\$500,000 to \$999,999	Up to \$5,500
\$1,000,000 to \$4,999,999	Up to \$8,500
\$5,000,000 and over	Up to \$11,000

Grant Funding Request

_____ = total grant award amount being requested.

Certification

I, _____ (person completing application), am authorized to request **2026 Tourism Grant** funding on behalf of _____ (organization).

By checking all boxes and signing below, I certify:

The organization I represent is an eligible entity under the [2026 Tourism Grant Guidelines](#).

By accepting this grant award, I am obligating State funding which cannot be used for any other purpose.

The organization above accepts all responsibilities as outlined in the [2026 Tourism Grant Guidelines](#) and are not contingent upon by continued employment with the organization.

A progress report with the status of grant funding expenditures, project planning and a reconciliation status will be submitted on or before December 5, 2025.

State grant funds will be utilized in accordance with the [2026 Tourism Grant Guidelines](#) with all grant projects started after July 1, 2025, and completed on or before April 17, 2026.

Reconciliation material will be completed and submitted for reimbursement on or before May 22, 2026.

The Project Summary and Budget Worksheets have been completed for this grant funding request.

For nonprofit DMOs, a recent copy of IRS Form 990 and COI are included.

Authorized Signature: _____ Date: _____

A typed or script font cannot be used in place of a wet or uploaded image signature.

Explore Minnesota OFFICE USE ONLY

Industry Relations: _____ Date: _____

Senior Manager: _____ Date: _____

Supplier Contract: _____ PO: _____

Project Summary Worksheet

Please provide a brief description of the project(s) you intend to use the grant funding toward:

Project Start Date: _____

Indicate approximate placement, run or end date as to when the project will begin.

Project End Date: _____

Indicate approximate completion date.

Describe the project's target audience, geographical markets and demographics:

How will this grant support tourism in your community and how will you measure success?

Project Budget Worksheet

Please estimate your organization's anticipated expenses as they relate to the project(s) outlined on the Project Summary Worksheet (page 3). Eligible tactics are also referenced in the [2026 Tourism Grant Guidelines](#).

Estimated Budget Expenses	
	Consumer Advertising
	Travel Trade, Meetings and Conventions & Sports Advertising
	Trade Shows
	Website Development & Enhancement
	Social Media Management
	Fulfillment Pieces (such as visitor guides, maps, and brochures)
	Media and Graphic Design Production (including photo and video assets)
	Direct Mail
	Public Relations Services
	Diversity, Equity, Accessibility, and Inclusion Marketing & Programming
	Public Events Marketing
	Research & Data
	Total of Anticipated Expenses