



Regional Visitor Information Center (RVIC) Renewal Application

Date:		
Level of Eligibility: <input type="checkbox"/> Level 1 <input type="checkbox"/> Level 2 <input type="checkbox"/> Level 3 <input type="checkbox"/> Level 4 <input type="checkbox"/> Level 5		
<u>Contact Information</u>		
Name of Regional VIC:		
Contact name:		
Mailing Address:		
City:	State:	Zip:
Physical Address (if different):		
Phone number:		Fax number:
Email address:		
<u>Operations</u>		
Number of visitors from January 1 st – December 31 st of the previous year:		
RVIC hours of operation on weekdays:		
RVIC hours of operation on weekends: Saturday		Sunday
Holidays the RVIC is closed: (please check all that apply)		
<input type="checkbox"/> New Year's Eve	<input type="checkbox"/> Labor Day	
<input type="checkbox"/> New Year's Day	<input type="checkbox"/> Columbus Day	
<input type="checkbox"/> Martin Luther King, Jr.'s Birthday	<input type="checkbox"/> Veterans Day	
<input type="checkbox"/> Confederate Memorial Day	<input type="checkbox"/> Thanksgiving Day	
<input type="checkbox"/> Easter	<input type="checkbox"/> the day after Thanksgiving	
<input type="checkbox"/> Memorial Day	<input type="checkbox"/> Christmas Eve	
<input type="checkbox"/> Independence Day	<input type="checkbox"/> Christmas Day	
Other:		
<u>To Be Completed by GDEcD</u>		
<input type="checkbox"/> Visitation log		
<input type="checkbox"/> Training		
<input type="checkbox"/> Signed Criteria		

<u>Cross-Training Requirements (if applicable)</u>	
Manager's cross-training (please list & attach appropriate forms):	
Type of training	Hours
Number of full-time employees:	Number of part-time employees:
<u>Disbursement of State Funds Information</u>	
Total funding received:	
Amount disbursed:	
Purpose of disbursement	Amount
Local funds available for matching:	
Source:	Amount:
Source:	Amount:
Please note: To meet the state matching requirement, the total of all funds shall be equal to or greater than the amount of state funds received during the fiscal year.	
I, THE UNDERSIGNED, DO HEREBY CERTIFY THAT THE STATEMENTS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.	
Name	Title
Signature	Date
To Be Completed by GDEcD	
I, Coordinator, Regional Visitor Information Center Program, do hereby certify that the above application meets the standards set by the Georgia Department of Economic Development for the operation of a Regional Visitor Information Center.	
Signature	Date