



Application for State of Georgia Designation as a Regional Visitor Information Center (RVIC)

Date:		
<u>CONTACT INFORMATION</u>		
Name of Regional VIC:		
Primary Contact Name:		Title:
Mailing address:		
City:	State:	Zip:
Physical address (if different):		
Phone number:		Fax number:
Email address:		
Secondary Contact Name:		Title:
Secondary 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
Month and year RVIC first opened:		
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:		

Has the Manager of the RVIC completed the required annual hours of cross-training? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please attach the appropriate form.	
Does your RVIC, including restrooms, meet ADA requirements? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain:	
Which highway(s) is your RVIC located on or immediately adjacent to?	
How many directional signs does your RVIC have, and where are they located?	
Does your RVIC have permanent brochure racks displaying GDEcD approved branding materials? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain:	
Does your RVIC have a full-time manager? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list their name:	
The RVIC is operated/designated by: <input type="checkbox"/> Convention & Visitors Bureau <input type="checkbox"/> Tourism Authority <input type="checkbox"/> Chamber of Commerce* *If operated/designated by a Chamber of Commerce, the Chamber must have a full-time tourism position. Please provide their name:	
Local funds available for matching: NOT APPLICABLE FOR 2015	
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
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	

Application must be submitted no later than November 1st to:

Nija Torrence
 Tourism Operations Manager/RVIC Program Coordinator
 Georgia Department of Economic Developments
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 Atlanta, GA 30308
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