

Clearfield County Tourism Promotion Fund 2010 Unified Grant Application

Instructions: **ALL applicants must complete all sections of the Grant Application and submit all required supportive documents to be considered for funding.** If additional space is required, please send as separate Word attachment and reference the appropriate line item on this application. Applicants are encouraged to apply via email. **Submit application online to ccrta@clearfieldco.org**

The Unified Grant Application must be used for applicants seeking funds from the Clearfield County Tourism Promotion Grant Program or the Commissioners' Discretionary Fund. Applications for the Commissioners' Discretionary Fund will be accepted and forwarded year-round. Application deadlines for the Clearfield County Tourism Promotion Grant Program will be accepted until 4 p.m. April 16 for projects to be completed between June 1 and December 31, 2010; and 4 p.m.

Please check this box if you are a **first time applicant (either fund)**.

First time applicants must submit the following documentation [all sections must be completed].

- Complete Sections A, B and C of this 2010 Unified Grant Application.
- Complete and submit the "Budget Form".
- **All applicants must submit a brief and concise Marketing Plan [Section C of the Grant Application – 1-3 paragraphs].**
- A copy of your most recent 501C-3 Certification if applicable and not yet on file.
- If available, a two (2) year, verifiable, audited financial history of your organization or event. [If audited financials are not available, a copy of your annual budgets or year-end financials will suffice.]
- A list of your Board of Directors or Advisory Committee.
- Proof of insurance for the organization and/or event.
- Support letters from individuals or groups benefiting from your grant application.

Please check this box if you have received Tourism Fund grant dollars for the **same event or promotion initiative** for the 2008 and/ or 2009 grant cycles.

2010 UNIFIED GRANT APPLICATION

SECTION A:

Type of funding support requested: (Check up to three):

_____ Full funding _____ Partial funding _____ Matching funds _____

Amount Requested (\$5000 maximum); _____

2010 CCTP Grant Application

Amount of local applicant cash match _____ Source of match _____
Amount of in-kind match _____ Source of In-Kind match _____

Type of project: _____ Special event _____ Joint marketing project _____ tourism development _____

Today's Date: _____

Name of Sponsoring Entity _____
Co- Sponsor (if joint project) _____

Name of person responsible for completing grant report (if approved) _____
Daytime Phone _____ Evening Phone _____ Email _____

Name of Special Event [if applicable] or Promotion/Publicity Initiative [only one per application]:

Dates of Special Event [if applicable]: _____

Location of tourism development project [if applicable] _____

Tax ID Number: _____

Publicity/Project/Event Coordinator [if applicable]: _____

Address: _____

Phone #: _____ Fax #: _____

E-Mail: _____ Web Address: _____

Type of organization - Please indicate with a "√" all that apply.

- | | |
|---|--|
| <input type="checkbox"/> 501 C-3 or C-6 | <input type="checkbox"/> Recreational |
| <input type="checkbox"/> Cultural | <input type="checkbox"/> Special Event |
| <input type="checkbox"/> Historical | <input type="checkbox"/> Business |

Other - please describe _____

SECTION B:

Please answer the following utilizing no more than three (3) 8 ½” x 11” total pages, minimum 12 point type size as a Word document. Please fully answer each question. Responses must be easily read when copied:

1. What is the **mission** or purpose of your organization?
2. Provide a brief **summary** of the proposed Promotion and Publicity Initiatives/Special Event which must include a projected timeline for distribution of your promotional initiatives and/or completion of your project/event. If a tourism development project, summarize the project including timeline to completion and anticipated result.
3. What are the **goals/objectives** of your proposed project?
4. How will your proposed project attract tourists and visitors to our area – and ideally **generate overnight stays, or enhance their experience while here?**
5. How will you specifically **evaluate/quantify** your efforts to generate overnight stays?
[You must be specific and state what tools you will use to evaluate these efforts to prove that you generated overnight stays and attracted visitors from no less than 50 miles outside the county.]

Type the number and **bold highlighted word(s)** in each question first and then prepare your reply, for example...

1. **MISSION:** *Our organization’s mission is to;*
2. **SUMMARY:** *Our organization will...;*
3. **GOALS/OBJECTIVES:** *The goal of our project is to...;*
4. **GENERATE OVERNIGHT STAYS:** *Our project will generate overnight stays by...;*
5. **EVALUATE/QUANTIFY:** *We will evaluate the success of our project to attract visitors and to stay overnight by utilizing the following evaluation processes/tools:)*

SECTION C:

MARKETING PLAN

Please provide us with a **brief narrative** [one to three paragraphs only] detailing your overall marketing strategy and target audience [visitors no less than 50 miles outside the region]. The purpose of this narrative is to provide the Review Panel with your rationale on where – and to whom – you will be marketing to attract overnight guests. **Incomplete Marketing Plans may result in a rejected grant application.**

2010 CCTP Grant Application

By listing my name and contact information below, I affirm that all information in this application and all attachments are true and correct to the best of my ability, and that the receipt of any grant funds relative to this request will be used for the purposes detailed within this application.

In lieu of handwritten signature, I understand that my electronic submission is the same as my signature.

I also affirm that if grant is approved that I will provide a full grant report and the necessary documentation including copies of receipts and / or proof of vendor payments provided by said grant within 60 days of project completion. I understand that until an approved report is accepted by CCRTA I will be ineligible for future funding. I also understand that my award may be subject to audit by CCRTA, Clearfield County Government or the Pennsylvania Department of Community and Economic Development.

Name (Applicant):

Title:

Address:

Phone: _____ Email: _____

Date: _____

Name (Secondary contact):

Title:

Signature:

Address:

Phone: _____ Email: _____

Date: _____

For Administrative Use Only

Date Received	Date reviewed	Score	Status	Award date if approved	Award amount if approved	Referred to Commissioners?	Comm. Award/action	Post Award Report Compliance

Comments:
