GRANT COUNTY TOURISM GRANT - FEBRUARY, 2021

Application

Introduction: This is a competitive grant program designed to assist nonprofit business or volunteer managed organizations seeking supplementary support. The purpose of the grant program is to assist Grant County based organizations in promoting a positive image to potential visitors, generate overnight visits, extend visitor stays, create a desire to return, and enhance the tourism industry through creative innovative planning and marketing. Public access to some aspect of the project/event is a requirement of the grant, however admission may be charged. Consideration will be given to new and expanding projects, festivals, sports tournaments, conventions, cultural arts, and special events benefiting Grant County and the region. **Incomplete applications will not be accepted.**

Organization Name: _____

Address: _____

City, State, Zip: _____

Contact Person: _____

Phone Number: _____

Email Address: _____

Purpose of Organization: _____

Tax Filing Status: _____ **Federal Tax ID Number:** _____

Category (check one): ONE/New Project Development _____   or   TWO/Social Media Marketing _____

TOTAL AMOUNT REQUESTED: $_____

Signature: _____   **Date:** _____

FUND ELIGIBILITY CHECKLIST
Please complete this section before proceeding

_____   Application is submitted by a nonprofit business or volunteer organization.
_____   This project will show a favorable impression of Grant County and the region.
_____   Total Grant Amount Requested from 'Budget Form' does NOT exceed 50% of matching costs
_____   This project/organization has received previous grants from the Grant County Tourism Resource Committee.
_____   Number of previous grants received: _____ Total amount of previous grants: $_____

Applicants who have met the above criteria for funding may proceed with the remainder of the application. Assistance will be given to anyone requesting it by calling the Grant County UW-Extension office at (608) 723-2125.

Please Check One:
_____CATEGORY ONE: New Project
_____CATEGORY TWO: Social Media

Please respond to the following questions. Event/Project description should not exceed four pages.

a)   Briefly describe the purpose of your organization; what your organization provides to the community; the group of people you are targeting.

b)   Describe your event/project: Be sure to include <u>who</u>, <u>what</u>, <u>where</u>, <u>when</u>, and <u>how</u> activities will take place.

c)   Explain how your event/project benefits the community and your organization. Specify whether your event/project is a first time event/project, annual event/project or an on-going program.

d)   What geographic area(s) are you bringing participants from?

e)   Explain the resulting impact on your event/project if the requested funding is denied.

f)   Please complete the appropriate attached budget form(s). Budgets not provided on this form will not be considered. Budget reflected should be for the project only.

Please review and adhere to the criteria for funding grant requests as found in the guidelines. Also carefully note the ineligible organizations and programs that will not be considered.

If you have any questions please call the Grant County Extension Office at (608) 723-2125 or email GrantProgram@co.grant.wi.gov.

Deadline: IN THE OFFICE before 4:00 p.m. on TUESDAY, MARCH 2, 2021

SUBMIT APPLICATION BY EMAIL *or* MAIL:

Email to: grantprogram@co.grant.wi.gov

Mail to:
Grant County Tourism Grant
Extension Grant County
916 East Elm Street, Suite A
Lancaster, WI 53813

Budget Forms (Select category form as appropriate)
Note: Please use separate form if submitting in both categories
(Note: total awards are capped at $1,500 per organization)

CATEGORY ONE – New Project/Event Budget Form	
Project/Event Name:	
Revenues	**Amount**
Other Grants/Donations/Sponsorships:	$
In-Kind *(total volunteer hours _____ X Value per hour $_____ =)*	$
Event/Project Revenue *(i.e. ticket sales, vendor fees, etc.):*	$
Total Revenues:	$
Expenses	
Direct Event/Project Expenses (**Excludes** administrative costs)	$
Profit (loss)	$

Total Grant Request: *(Not to exceed $1,000)*	$

Describe economic impact including number of visitors, number of anticipated room nights generated, and other expected impacts. Please explain how you arrive at these estimates.

Category Two forms on next page.

Revised 2/01/2021

CATEGORY TWO – Social Media Marketing/Advertising	
Project /Event Name:	
Targeted Completion Date:	
Describe how you will involve your businesses/events: How many businesses/events do you intend to involve: _____ List planned $ limits each business/event can request: Will your organization be contributing additional funding: Social Media training will be required for all participating businesses/events. What is your target date for completing this training. *(Note: As applicant you will be responsible for organizing the training session but content and instruction will be provided at no cost to your organization or your participants by UW-Extension/Grant County.)*	
Total event/organization amount budgeted to social media:	$
Total Grant Amount Requested *(Not to exceed $750.00)*	$

Please duplicate this sheet if you are submitting multiple proposals.