**GRANT COUNTY TOURISM GRANT Program - MARCH, 2022**

# Application

<u>Introduction</u>: 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.  Preference 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.**

**NAME OF PROJECT** _____

**Organization Name:** _____

**Purpose of Organization:** _____

**Address:** _____

**City, State, Zip:** _____

**Contact Person:** _____

**Phone Number:** _____

**Email Address:** _____

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

**TOTAL AMOUNT REQUESTED:**     $_____          *(Not to exceed $500.00)*

**Signature:** _____     **Date:** _____

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**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.

NAME OF EVENT/PROJECT: _____

**Please respond to the following questions.  Event/Project description should not exceed two 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 attached budget form.  Budgets not provided on this form will not be considered.  Budget reflected should be for the project covered in this application only.

Please review and adhere to the criteria for funding grant requests as found in the guidelines. Ineligible organizations and programs 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 THURSDAY, MARCH 24, 2022**

## SUBMIT APPLICATION BY EMAIL *or* MAIL:

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

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

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# Budget Form

*Note: Please use separate application and budget form if submitting for more than one project.*
*(Total awards in this funding cycle are capped at $1,000 per organization)*

| *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 $500.00)* | $ |

| |
|---|
| ***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.*** |
| |

***Thank you for your submission.***
Please duplicate this application and budget form if you are submitting multiple proposals.