

**MATCHING GRANT PROGRAM
LETTER OF INTENT**

Organization/Company Information		
Lead Organization/Company name:		
Mailing Address:		
City:	State:	Zip Code:
Lead Organization/Company Website:		
Status: <input type="checkbox"/> Non-Profit <input type="checkbox"/> Corporate <input type="checkbox"/> Government <input type="checkbox"/> Other FEIN number:		
Applicant Information		
Primary Contact Person for the Project:		
Title:	Telephone:	E-mail:
Partner Organization (s)		
<i>Have you secured partners at this time (not required for LOI). If YES, please complete partner information below. If NO, skip to Project Information.</i>		
First Partner Organization/Company name:		
Mailing Address:		
City:	State:	Zip Code:
Partner Organization/Company Website:		
Status: <input type="checkbox"/> Non-Profit <input type="checkbox"/> Corporate <input type="checkbox"/> Government <input type="checkbox"/> Other		
Second Partner Organization/Company name: (continue to add if additional partners)		
Mailing Address:		
City:	State:	Zip Code:
Partner Organization/Company Website:		
Status: <input type="checkbox"/> Non-Profit <input type="checkbox"/> Corporate <input type="checkbox"/> Government <input type="checkbox"/> Other		
Project Information		
Project Title:		
Project Beginning Date:	Project End Date:	
Project Statement/Description		
1. Provide statement/description of the proposed project, how it will increase visitation and enhance tourism in the region. (Not to exceed 250 words).		
2. If you have not yet secured partners, what partners are you planning to pursue?		
3. . Amount of Marketing Matching Grant funds you intend to request (not binding). Marketing Matching Grants will be awarded between \$10,000 and \$25,000.		