

<b>2018 FAYETTE COUNTY TOURISM GRANT APPLICATION</b>	<b>OPERATIONAL</b>
--	--------------------

For-Profit entities can only apply for an Operational Grant and only if their mission and operation is directly related to tourism and tourism development.

Tourism Grants are made possible by an agreement between the Laurel Highlands Visitors Bureau and the county of Fayette. The money available for these grants is made possible by the collection of a room tax within the lodging community. This unique program allows for the enhancement and growth of a vibrant tourism product within the Laurel Highlands region. Grants are never a promise, but an opportunity.

**GENERAL GUIDELINES:**

- ✓ All tourism grants are required to have a 25% match. The match can be 25% cash or 12.5% cash and 12.5% in-kind match.
- ✓ Applicants with open grants prior to 2017 are not eligible to apply for a 2018 Grant.
- ✓ Events that will not be continued annually do not qualify for grant funds.
- ✓ Applicants must provide the exact information requested in order to not be disqualified. Cooperative grants (more than one tourism entity working together) are strongly encouraged.

For specific questions please contact Grant Administrator, Georgia Robinsky by e-mail at [grobinsky@laurelhighlands.org](mailto:grobinsky@laurelhighlands.org).

**\*\*\*\* Deadline for receipt at LHVB Offices: No later than 4:30 PM on FRIDAY, November 17, 2017 \*\*\*\***

**APPLICATION GUIDELINES:**

- ✓ Applications may be mailed or personally delivered to the Laurel Highlands Office.
- ✓ Fax transmittals or e-mails will not be accepted.
- ✓ Any application received after the deadline will be disqualified.
- ✓ Granting decisions will be determined and notification will be announced mid January 2018
- ✓ Note: Handwritten applications will not be considered.

**Submit five (5) copies of the application and grant budget worksheet (individually paper clipped) DO NOT staple set together and DO NOT place applications in folders or binders.**

For more detailed information refer to the County Tourism Grant Program Criteria.

**REVIEW CRITERIA:**

*Key criteria grant committee members will take into account when reviewing and selecting tourism projects for funding:*

- ✓ The project has the ability to draw or increase the number of tourists.
- ✓ The project provides a distinctive experience.
- ✓ The project has the potential to appeal to various age groups or to educate/develop appreciation by future generations.

**PART 1**

**Contact Information**

Full Legal Organization Name:   
(Grant Recipient)

Organization's Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Organization Website: \_\_\_\_\_

---

Organization President / Executive Director Name:

Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

---

Contact Person (if different than above): \_\_\_\_\_

Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

---

**Organization Information** - Applications without proof of the Federal ID # will be disqualified.

\*\*\*Grant checks will be made payable to the holder of the Federal ID #\*\*\*

501(c)(3):  Yes  No

Federal ID #: \_\_\_\_\_

Non-Profit - IRS Federal Type: \_\_\_\_\_ Federal ID #: \_\_\_\_\_

For Profit: \_\_\_\_\_ Federal ID #: \_\_\_\_\_

Fiscal Sponsor Name and Address:

*Fiscal sponsorship is a formal arrangement in which a 501(c)(3) public charity sponsors a project that may lack exempt status.*

\*\*\*Character counts may be limited per box. Please fit explanation within allowed space\*\*\*

**Organization(s) Mission Statement:**

**Brief Description of Organization:**

**Grant Proposal Request**

Project Name: \_\_\_\_\_

**Description of Project and the need:**

*Describe the current need, problem, and/or opportunity and address how the grant will help with these issues or meet the goals stated here.*

Total Projected Budget for Project: \_\_\_\_\_ Requested Amount: \_\_\_\_\_

Cash Match: \_\_\_\_\_ In-Kind Match: \_\_\_\_\_

Time Line:

*Include anticipated start and completion date.*

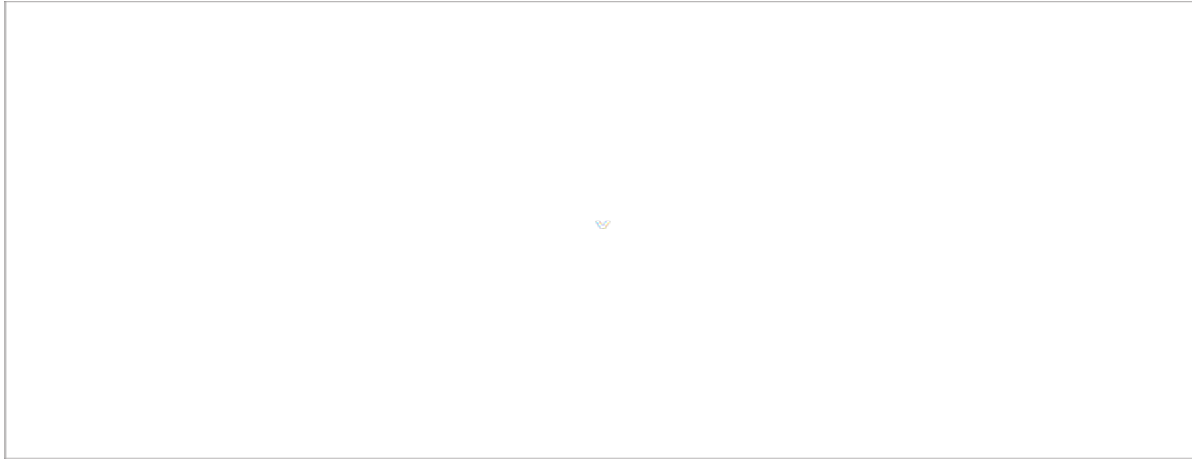
**\*\*\*Grant dollars need to be spent by December 31, 2018\*\*\***

Other funding sources and amounts include:

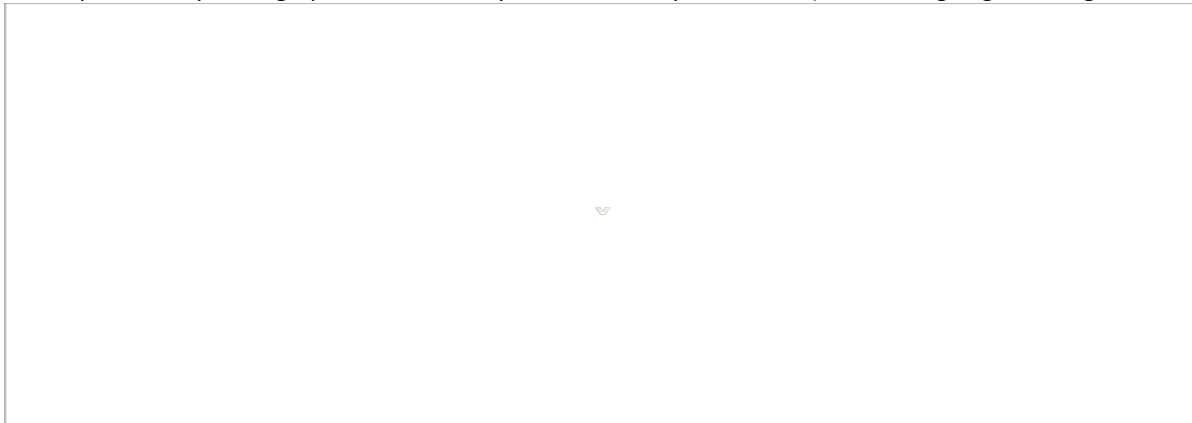
If you are a tourist attraction: Please provide your annual visitation numbers for the past 3 years.

2015 \_\_\_\_\_ 2016 \_\_\_\_\_ 2017 \_\_\_\_\_

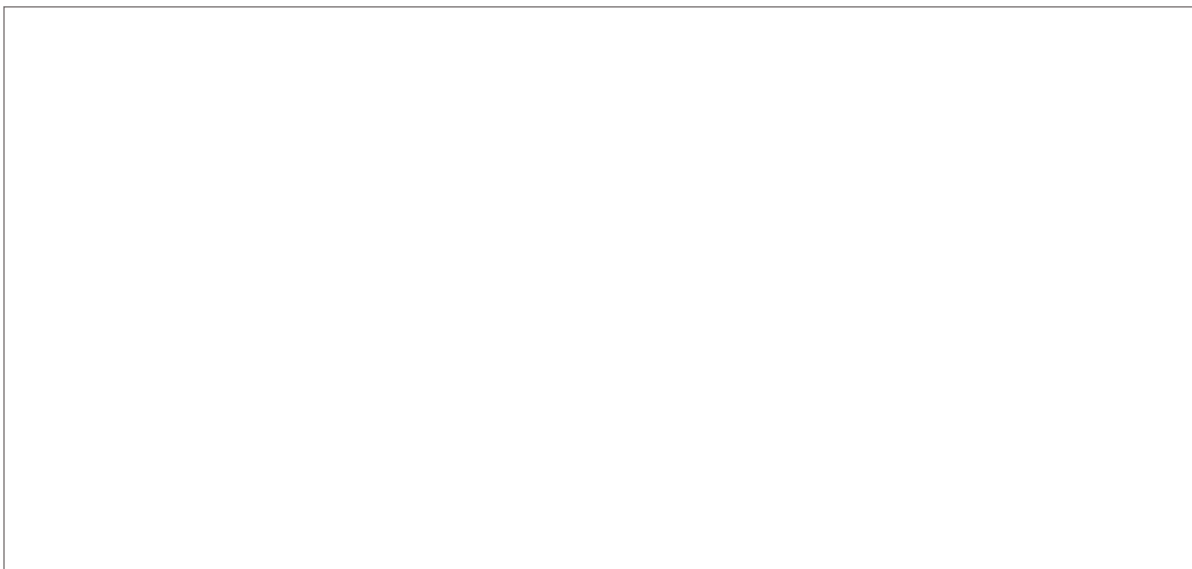
How are the visitation numbers determined?



Please provide any demographic information you have about your visitors (state of origin, gender, age, etc.



How will your organization measure the outcome of this project? How will the results/impact be measured?



**PART 2**

---

**All grant applicants must complete and submit the Grant Budget Worksheet. The worksheet must contain a detailed project budget. Click on link for budget worksheet <http://www.laurelhighlands.org/grants>**

**PART 3**

---

Sign/date and check appropriate attachment boxes as the last page of your application

**Applicants are reminded that this grant is not a permanent allocation and that there is no guarantee of a grant being made at any time in the future.**

I/We affirm that all information in this application and all attachments are true and correct to the best of my/our knowledge, and that the receipt of any grant funds relative to this request will be used for the purpose detailed within this application. I/We agree to abide by all local, state, and federal laws and regulations. I/We understand that the Tourism Grant Review Committee will require a Second Half Reporting form (if applicable), Final Reporting form, Grant Expenditure form, copies of all expenditure invoices, proof of payment for all expenditures, and copies of materials produced for advertising and printed material, before and after photographs if applicable to verify the expenditure of any grant funds received, and I/We agree to furnish said documentation according to reporting dead-lines. I/We further understand that the expenditure of grant funds received might be subject to audit and/or further verification and I/We agree to cooperate with any such audit or verification process.

I/We agree to the grant terms and conditions as per the 2018 Criteria and Guidelines for the County Tourism Grant Program.

**Name (print):** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**\*\*\*All Non-Profits must submit a copy of the IRS 501(c)(3) Determination letter.\*\*\***

**\*\*\*All applicants must submit a list of the Board of Directors with addresses.\*\*\***

Date received by LHVB: \_\_\_\_\_

By: \_\_\_\_\_

Laurel Highlands Visitors Center Bureau, 120 East Main Street, Ligonier, PA 15658