

Tourism Grants are made possible by an agreement between the Laurel Highlands Visitors Bureau and the county of Westmoreland. 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: \_\_\_\_\_

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Organization President / Executive Director Name:

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

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

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

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

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

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

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

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**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:

Is this a Cooperative Project?

If a cooperative project involving more than one entity, please list names of additional participants; include organization name(s), contact(s) and phone numbers(s)

How will this project enhance or increase tourism in your County?  
*(Your response to this question is vitally important to the committee's decision relative to your application)*

A large, empty rectangular box with a thin black border, intended for the applicant to provide their response to the question above.

**General Information**

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?

If your business is a lodging facility: How many rooms/beds/are at the facility?

What is your annual occupancy percentage for the past 3 years?



Please provide a breakdown of work to be provided by in-kind volunteers and that which will be provided by a paid contractor or craftsman.

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

\*\*\*\*Complete the following only if project is being funded in part by any outside organization(s) in conjunction with your organization\*\*\*\*

Amount of funding: \_\_\_\_\_

Has the funding already been received?      Yes       No

If yes, list all the organizations providing funding:

*Organization(s) name and address, and the role they have in this project and amount awarded.*

Does this project require any permit(s)/licenses(s) issued by a government agency or other outside entity?

Yes       No

Provide list of Permit(s) or license(s), cost for each, the source of funding for each and the date the permit(s) or license(s) will be issued.

**PART 2**

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**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>

**\*\*\*\*All Capital Grant applicants must submit a before picture of the project along with copies of quotes/ estimates for the project and copies of required permits\*\*\*\***

**PART 3**

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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: \_\_\_\_\_