**Tourism Product Development Application**Sponsored by Cumberland Area Economic Development Corporation.

**Applications will be accepted year-round.
Handwritten applications will not be accepted.**

**Section One: Overview**

**Organization Name:**

**Non-Profit (yes/no)? Tax EIN:**

**Physical Address:**

**Mailing Address (if different from physical):**

**Contact Name & Title:**

**Contact Phone & E-mail:**

Grant Request: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\*
Your Match: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Total Project Cost: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

\*If you are a for-profit business, requesting over $25,000 you will need to submit three years of financial statements.

**Please check the appropriate category (ies) that you are seeking funding for:**

[ ]  Technical assistance

[ ]  Development of a tourism asset
[ ]  Development or expansion of an event

[ ]  Thematic experiential trails/tours
[ ]  Development of a new meeting/conference

**If applicable, has a feasibility study been conducted? If yes, please submit with application.**

[ ]  Yes [ ]  No

**If this is for a new/expanded business venture, do you have a business plan? If yes, please submit with your application.**

[ ]  Yes [ ]  No

**Section Two: Project Details**

1. **Provide a (1) description, including history/background of the project, (2) how your project will increase visitation and/or enhance the visitor experience and (3) how it will impact your business.** Include as appropriate, projected number or percentage of increased daily and overnight visitation and estimated economic impact.
2. **How many customers/visitors did your business or event receive the past two full calendar year?** If your business is new, please include projected numbers for the first two years. Provide any demographic information you have about your customers/visitors, i.e. age, income, geographic location of residency, etc.
3. **If your project cannot be fully funded, how would you adapt the project?**

**Section Three: Project Budget**

Please complete the below budget as completely as possible.

|  |
| --- |
| **PROJECT FUNDING** |
| **Funding Sources**  | **Amount** | **Are Funds Confirmed Y/N** | **Indicate Funding Source** |
| CAEDC Grant Funds | $ | N |  |
| Your Organization’s Cash Match | $ |  |  |
| In-Kind Match | $ |  | \_\_\_\_\_ hours @ $\_\_\_\_\_/hr |
| Other Funding Source\* | $ |  |  |
|  |  |  |  |
| **Total Project Revenue** | **$** |  |  |

\*A letter of commitment is required for all other funding sources listed above.

|  |
| --- |
| **PROJECT EXPENSES** |
| **Expense** | **Amount** | **Notes** |
| 1 | $ |  |
| 2 | $ |  |
| 3 | $ |  |
| 4 | $ |  |
| 5 | $ |  |
| 6 | $ |  |
| **Total Project Costs** | **$** |  |

Copies of quotes are not required with the application, but if your project is funded, will be required as part of your agreement.

**Section Four: Project Timeline**

Please provide a month-by-month timeline below outlining high-level activities.

**Section Five: Application Checklist**

1. **Attach the following items to your completed application:**
* If applicable, supporting documentation, such as estimates, proposals, feasibility/market studies, conceptual drawings, business plan, financial statements and letters of commitment for funding
1. **Submit a digital copy of this application with attachments to:**

Cumberland Area Economic Development Corporation (CAEDC)

Attn: Valerie Copenhaver, Senior Director of Marketing and Tourism

valerie@visitcumberlandvalley.com

1. **Please call Valerie at (717) 240-7193 to confirm receipt of your application.**

**I/We affirm that all information in this application and all attachments are true and correct to the best of my/our ability, and that the receipt of any 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 regulation as they apply. I/We understand that the Tourism Development Committee may request additional information and/or personal interview from applicants.**

Name: Title:

Signature: Date: