

Charlotte County Tourism Development Council

Attraction Development Fund

Phase II Application

APPLICATION SUBMISSION INSTRUCTIONS

1. Please provide complete information in response to each question. Do not skip questions. If you are unable to answer a question or if a question is not applicable to your project, please briefly describe why it cannot be answered.
2. Type your answers in the fields provided. Handwritten applications will not be accepted. Please limit your answers to the space provided.
3. Attachments are required for several questions. Please name the file as instructed, and attach the files to the email along with your application. All submitted files must be digital and sent in one email, or hand delivered in one packet.
3. Submit your application to Lorah Steiner via email at Lorah.Steiner@CharlotteCountyFL.gov or in person at 18500 Murdock Circle, B-104, Port Charlotte, FL 33948

APPLICATION SECTIONS

- | | |
|--------------------------------------|-------------------------------------|
| I. SUMMARY CHECKLIST | VI. IMPACT OF YOUR PROJECT |
| II. ORGANIZATION INFORMATION | VII. DESTINATION BRANDING |
| III. PROJECT INFORMATION | VIII. CURRENT TOURISM IMPACT |
| IV. RETURNING APPLICANTS ONLY | IX. SUPPLEMENTAL INFORMATION |
| V. FINANCIAL INFORMATION | X. APPLICANT AGREEMENT |

Name of Project: [REDACTED]

Organization: [REDACTED]

Tax Status: [REDACTED]

Address: [REDACTED]

City: [REDACTED] State: [REDACTED] Zip: [REDACTED] Phone: [REDACTED]

Physical Address of the Project (if different): [REDACTED]

City: [REDACTED] State: [REDACTED] Zip: [REDACTED]

PRIMARY CONTACT

Name of Applicant: [REDACTED] Email: [REDACTED]

Address: [REDACTED]

City: [REDACTED] State: [REDACTED] Zip: [REDACTED] Phone: [REDACTED]

I. SUMMARY CHECKLIST - Page 2

Please complete the summary information below:

Amount Requested: [REDACTED]

Total Construction Budget: [REDACTED]

Total Project Budget: [REDACTED]

Projected Annual Room Nights:

Year 1: [REDACTED]

Year 2: [REDACTED]

Year: [REDACTED]

Projected Construction (Break Ground) Date: [REDACTED]

Projected Completion Date: [REDACTED]

Projected Opening Date: [REDACTED]

Room Night Calculator Data:

Ratio of ADF Dollars per Annual Room Night Generated: [REDACTED]

Payback Period (Years): [REDACTED]

Please enter the file name for submitted documents below:

Feasibility Study: [REDACTED]

Marketing Plan: [REDACTED]

Room Night Calculator: [REDACTED]

Letter of Funding Commitment 1: [REDACTED]

Letter of Funding Commitment 2: [REDACTED]

Letter of Funding Commitment 3: [REDACTED]

Letter of Funding Commitment 4: [REDACTED]

Letter of Funding Commitment 5: [REDACTED]

Financial Statement: [REDACTED]

Financial Summary: [REDACTED]

Recommendation 1: [REDACTED]

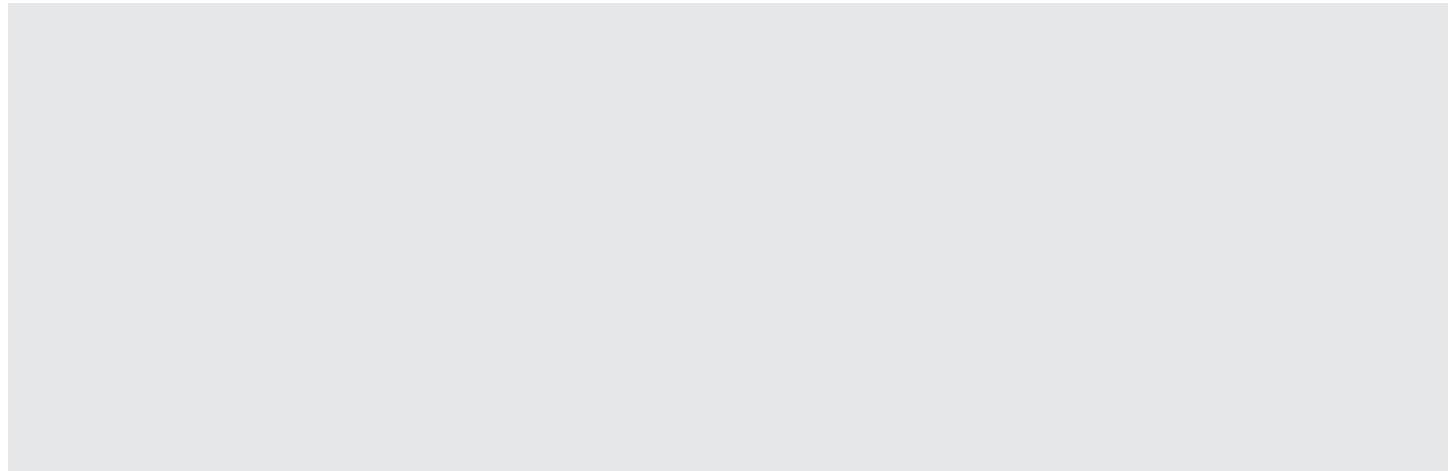
Recommendation 2: [REDACTED]

Recommendation 3: [REDACTED]

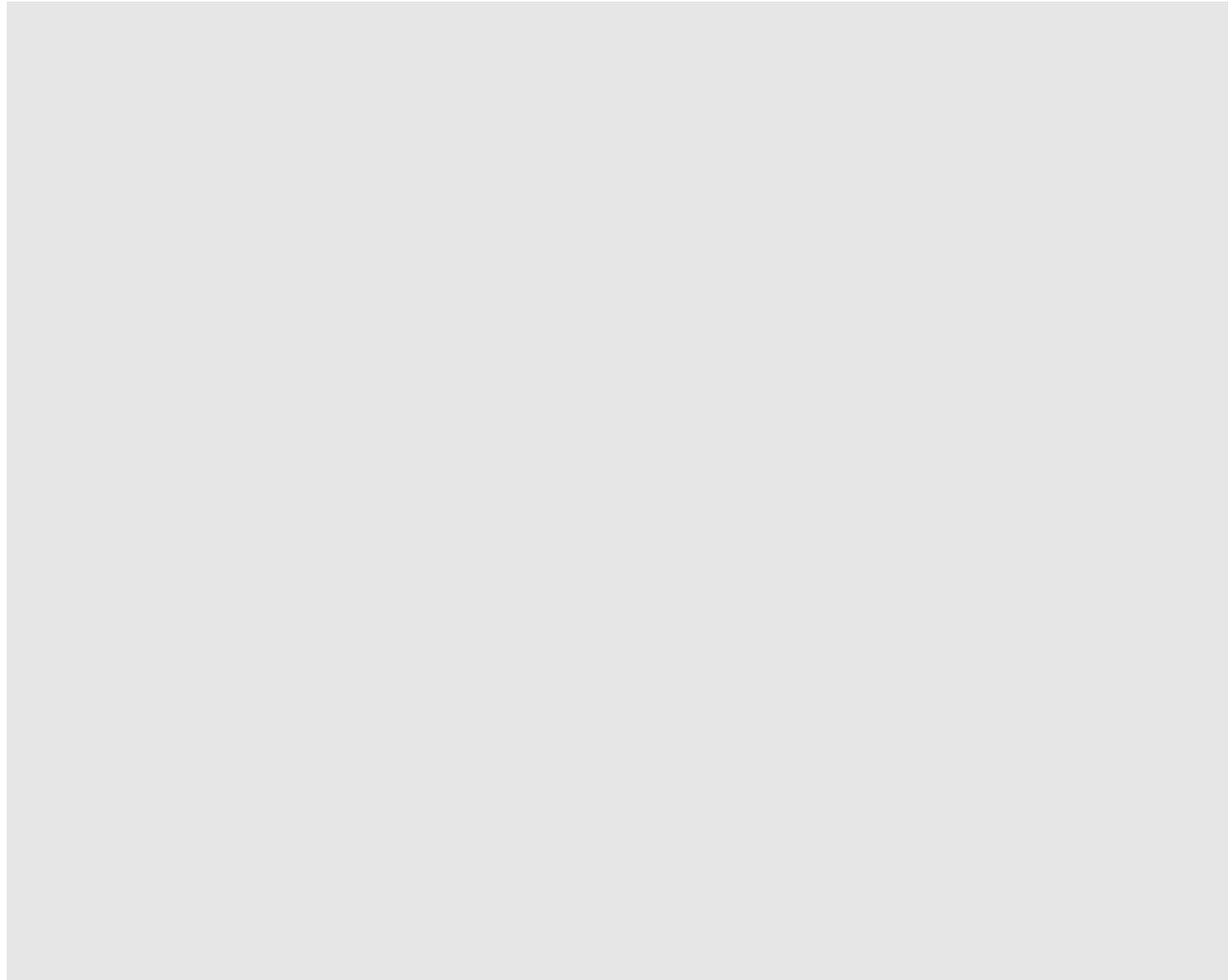
Description and file names of any additional supporting documentation included in your submission:

II. ORGANIZATION INFORMATION, continued - Page 3

1. What is your organization's mission?



2. Briefly describe the history of your organization.



II. ORGANIZATION INFORMATION, continued - Page 4

3. Identify and describe any pending legal action against you or your organization. If none, enter "N/A."

4. Identify the key leadership of your organization/project and include a description of their role in your project.

Name: Primary Company/Organization:

Role:

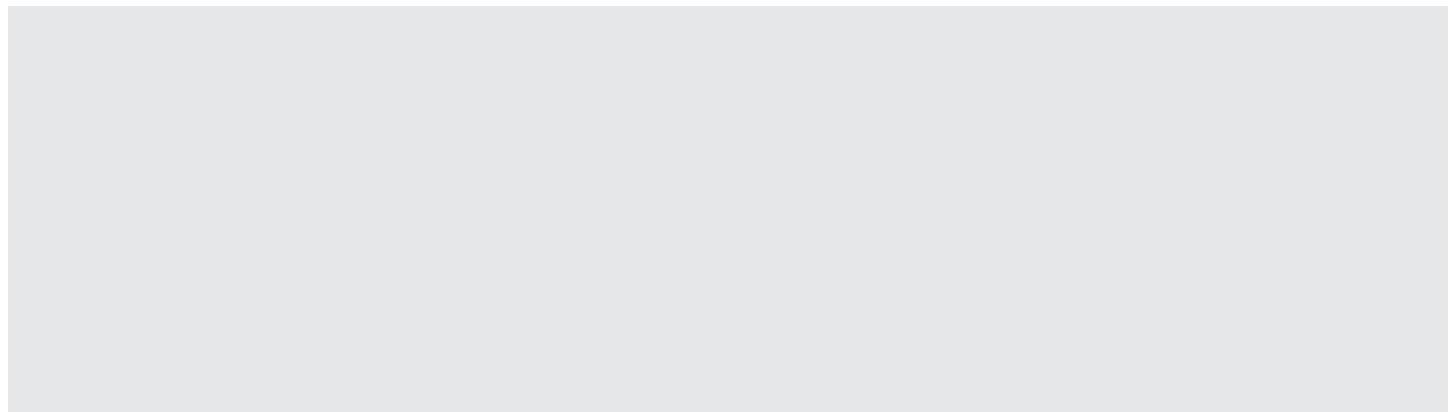
5. Identify any additional leadership individuals associated with your organization/project.

II. ORGANIZATION INFORMATION, continued - PAGE 5

6. If applicable, identify the current members of your board or advisory committee.

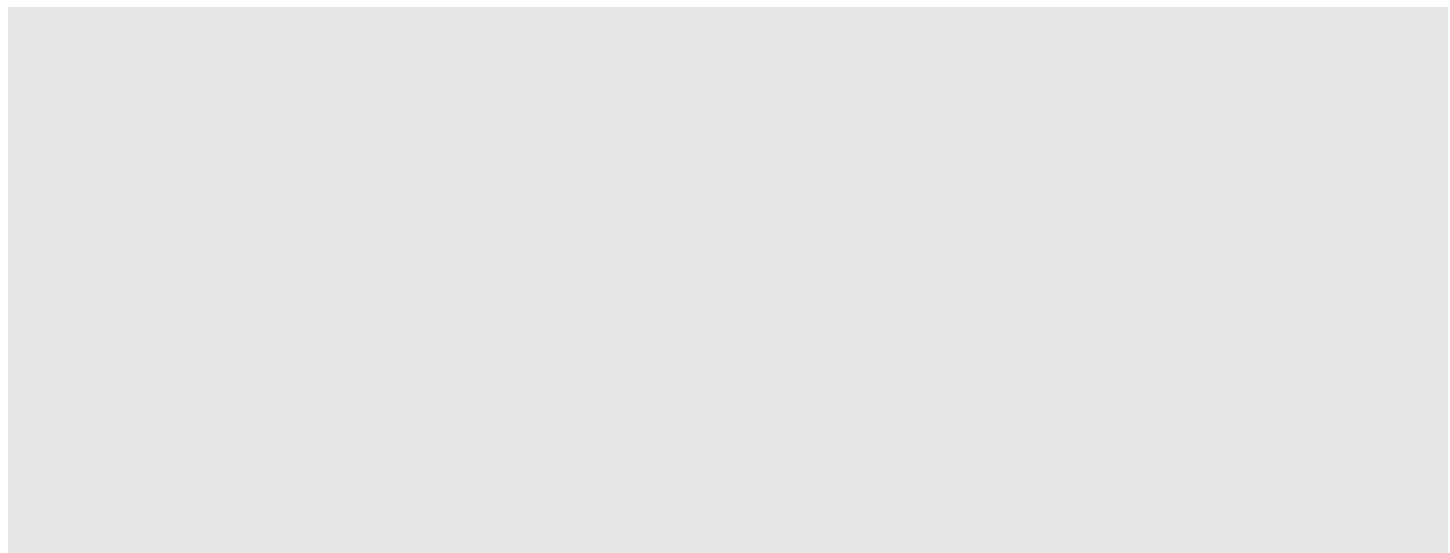
Name:	Primary Company/Organization:

7. Additional board members or advisory committee members:



8. If applicable, identify any current partnerships your organization holds with other regional organizations.

Include name of organization and nature of partnership.



III. PROJECT INFORMATION, PAGE 6

1. Please describe your project in detail. If you have any drawings, photos, or renderings, please submit with your application and include the file name for each item in Section VIII. SUPPLEMENTAL INFORMATION. Be sure to include the name of your project in the file name.

III. PROJECT INFORMATION, continued - PAGE 7

Additional space for project description, if necessary.

III. PROJECT INFORMATION, continued - PAGE 8

Additional space for project description, if necessary.

III. PROJECT INFORMATION, continued - PAGE 9

2. Is your project an expansion of or improvement to an existing facility?

Yes

No

3. Describe the value of your project to tourism in Charlotte County.

III. PROJECT INFORMATION, continued - PAGE 10

4. What is the projected construction date?

5. What is the projected completion date?

6. When is the projected opening date?

7. Please add other project milestones. (Include date and milestone description)

8. When will ADF funds be required?

9. If your project will not begin construction within 18 months from notification of award, explain why a commitment of funding is crucial to your project at this time.

III. PROJECT INFORMATION, continued - Page 11

10. Does a similar project to yours already exist in Southwest Florida or anywhere else in the US? If so, please identify the project(s).

11. If a similar project already exists in Southwest Florida please describe how your project will draw additional overnight visitors.

12. Has a feasibility study been completed for this project? Yes No

If yes, please submit with your application and name the file “[PROJECT NAME]_Feasibility Study”.

13. Has a marketing plan been completed for this project? Yes No

If yes, please submit with your application and name the file “[PROJECT NAME]_Marketing Plan”.

14. Please describe your target audience.

III. PROJECT INFORMATION, continued - Page 12

15. How do you plan to reach your target audience?

16. How much do you plan on investing in marketing annually? How much will be invested outside of the Charlotte County market? (Out-of-market is defined as 50 miles or more from Charlotte County.)

III. PROJECT INFORMATION, continued - Page 13

17. Who will implement the marketing plan?

18. How will you determine if you met your goals?

IV. RETURNING APPLICANTS ONLY

If you have previously received ADF funding for the same project, submit the following information with your application in a separate document. Name the file “[PROJECT NAME]_Returning Applicant”.

- 1. Funds raised (not including ADF dollars) since your last application;**
- 2. Any change in project scope;**
- 3. Overall progress report on the project; and**
- 4. Updated budget and updated construction timeline with reason for delays.**

V. FINANCIAL INFORMATION, PAGE 14

1. Amount of funding requested: [Redacted]
2. Type of funding request: Loan Guarantee Grant Debt Service
3. What is the estimated total development budget of your project? [Redacted]
4. What is the estimated total construction budget of your project, excluding design fees and feasibility studies? [Redacted]
5. Please detail the overall project scope and construction costs associated with each major scope item.
6. If your project is to be supported by a local or state government entity, describe in detail the amount of annual funding required for its operation and the level of commitment to ensuring its continued operation and maintenance.

V. FINANCIAL INFORMATION, continued - Page 15

7. Will you secure at least the same amount of funding for which you are applying? Yes No
8. If you receive ADF funding, will it be the first funding committed to your project? Yes No
9. Detail below the current mix of funding sources for your project. Include source, amount, status, and indicate if contingent on receiving ADF funding. Submit a letter of commitment from each source, if available.

a. Source: [REDACTED] Amount: [REDACTED]

In-hand Secured Pending Contingent on ADF

Letter of Commitment file name: [REDACTED]

b. Source: [REDACTED] Amount: [REDACTED]

In-hand Secured Pending Contingent on ADF

Letter of Commitment file name: [REDACTED]

c. Source: [REDACTED] Amount: [REDACTED]

In-hand Secured Pending Contingent on ADF

Letter of Commitment file name: [REDACTED]

d. Source: [REDACTED] Amount: [REDACTED]

In-hand Secured Pending Contingent on ADF

Letter of Commitment file name: [REDACTED]

e. Source: [REDACTED] Amount: [REDACTED]

In-hand Secured Pending Contingent on ADF

Letter of Commitment file name: [REDACTED]

10. Submit your organization's most recent financial statement (audited, if available) with your application and name the file "[PROJECT NAME]_Financial Statement".

11. Submit a document (up to 3 pages) summarizing your financial schedule for the first 3 years of operation for your project, including a pro-forma, profit and loss, and balance sheet with your application and name the file "[PROJECT NAME]_Financial Summary".

VI. IMPACT OF YOUR PROJECT - Page 16

1. A Room Night Calculator has been provided in the Application Packet. Please complete the spreadsheet and submit it with your application. (*Required*) What are your submitted figures based upon? (Example: existing customer data, ticket sales, research, etc.)

2. Describe the size of the market to be served by your project.

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3. Will your project draw visitors to the destination specifically during identified periods of need for hotel room nights?

VI. IMPACT OF YOUR PROJECT, continued - Page 17

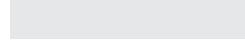
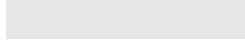
4. What methodology do you plan to implement to capture these visitation statistics and the project's room night impact once your project opens?

5. If you are an existing destination, describe how your proposed project would help increase your current impact on tourism and overnight stays.

6. Discuss the potential for your project to stimulate additional development projects.

VI. IMPACT OF YOUR PROJECT, continued - Page 18

7. After your project opens, how many new, permanent jobs do you anticipate your project will generate?

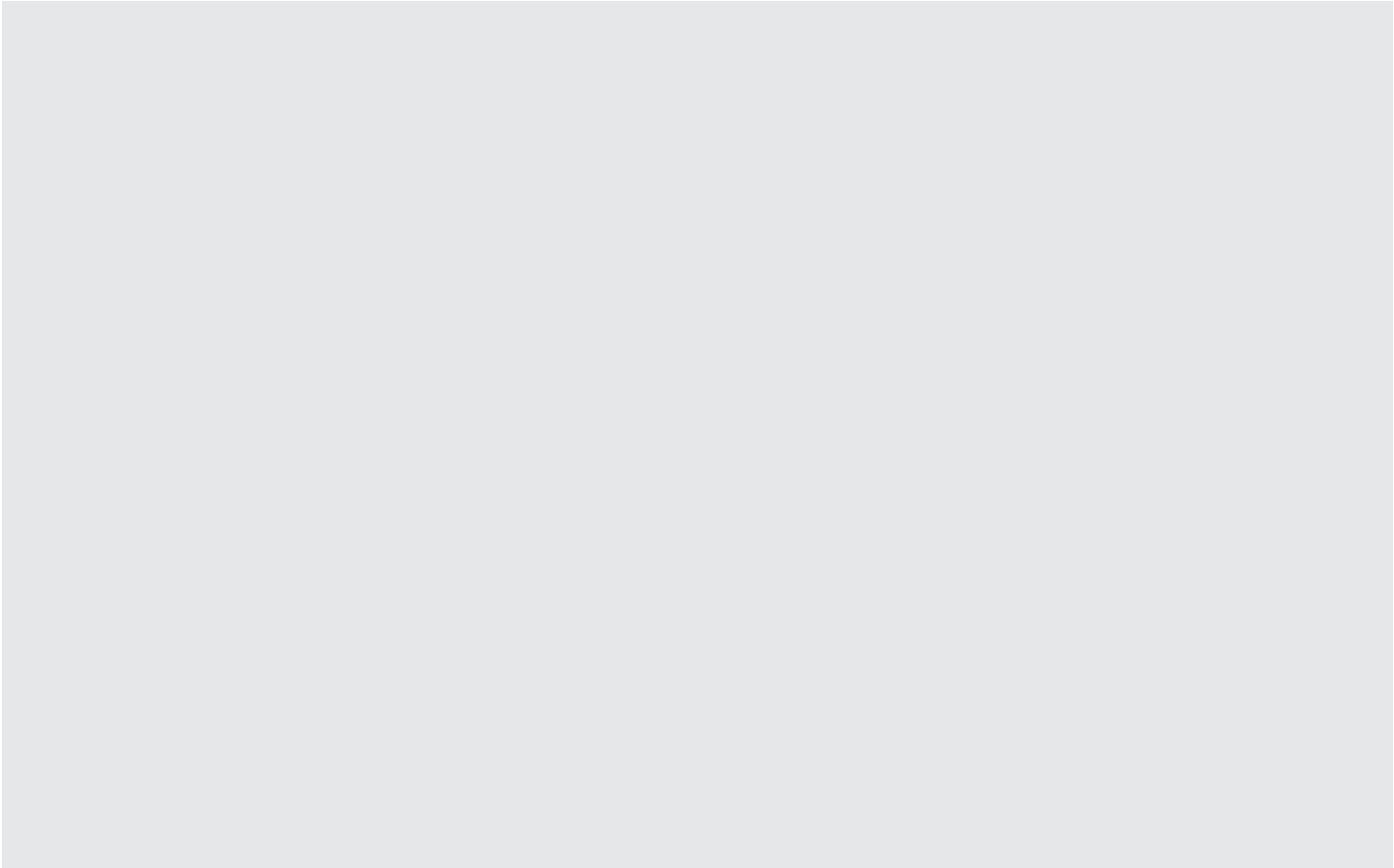
Full-time equivalent positions:  Seasonal or Part-time positions: 

VII. DESTINATION BRANDING

If you are awarded ADF funding, your organization will be required to work with the VCB to ensure your employees and/or volunteers deliver the Charlotte Harbor and the Gulf Islands Destination Brand Promise to visitors, including the following marketing activities:

- Distribute Charlotte Harbor and the Gulf Islands Visitor Guide at your location.
- Display a reciprocal web link to CharlotteHarborTravel.com on your website.
- Ensure your staff knows and understands the destination brand.

VIII. How does your organization and proposed project complement the Charlotte Harbor and the Gulf Islands brand?



VII. DESTINATION BRANDING, continued - Page 19

2. Please describe any additional identified Charlotte Harbor and the Gulf Islands branding opportunities you currently deploy or intend to pursue:

3. Discuss the environmentally sustainable aspects of your project and how they will help minimize environmental impacts on the area.

VIII. CURRENT TOURISM IMPACT - Page 20

If your organization currently contributes to regional tourism, please answer the following questions. If you are a new organization, please enter “N/A” in the fields below and proceed to the next section.

1. What is the current annual visitation at your organization?

2. How many out-of-market visitors do you receive annually? Please describe how you define out-of-market.

3. Describe your methodologies for capturing annual and out-of-market visitation.

4. What percentage of your guests spends the night in paid accommodations in Charlotte County?

5. Please describe the demographics of your current visitors.

IX. SUPPLEMENTAL MATERIAL - Page 21

1. Please submit with your application up to three, one-page letters of recommendation regarding your ability to lead this project to success. Please name the files “[PROJECT NAME]_Recommendation1”, “[PROJECT NAME]_Recommendation2” and “[PROJECT NAME]_Recommendation3”.

2. If you would like to submit additional supporting documentation with your application, please indicate the file name and a description of the document here:

Document 1 - file name: [REDACTED]

Description: [REDACTED]

Document 2 - file name: [REDACTED]

Description: [REDACTED]

Document 3 - file name: [REDACTED]

Description: [REDACTED]

Document 4 - file name: [REDACTED]

Description: [REDACTED]

Document 5 - file name: [REDACTED]

Description: [REDACTED]

X. APPLICANT AGREEMENT - Page 22

Please enter your initials and date on each of the following statements, acknowledging that you understand and agree to them. Applications cannot be submitted unless these fields are completed.

DISCLOSURE FOR PUBLIC RECORD

As a quasi-governmental agency, the Charlotte County Tourism Development Council is subject to Florida Statutes 125.0104 and 286.011. Therefore, any and all aspects of this application must be made available by the TDC to any party, public or private, upon request without exception. If you are concerned that the distribution of any of your application materials may do irreparable damage to you, your organization, or associated parties, the TDC highly recommends that you seek alternative funding in lieu of ADF funds.

Initials: [REDACTED] **Date:** [REDACTED]

PROJECT MONITORING

I hereby acknowledge that if I am awarded ADF funding, I will be required to submit an annual report each year during the term of the agreement at a time specified by the TDC, with the term commencing on the effective date and continuing for four years after the completion date. Reports include marketing plans and methodologies for capturing annual and out-of-market visitation, up-to-date room night projections, and copies of survey instruments used for data among other requirem [REDACTED] [REDACTED]

BCTDA MARKETING

I hereby acknowledge that certain information from my application, such as the project description, time line, and leadership, may be used by the TDC at its sole discretion for the promotion and marketing of the program and the region as a tourism destination.

Initials: [REDACTED] **Date:** [REDACTED]

TERMS OF AGREEMENT

I hereby acknowledge that I have reviewed and understand the terms of the agreement.

Initials: [REDACTED] **Date:** [REDACTED]

X. APPLICANT AGREEMENT, continued - Page 23

COMPLETED APPLICATION

I hereby acknowledge that I have completed this application in good faith, confidence, and counsel, and have done so in full compliance with the law. I have made no attempt to falsify or misconstrue facts or data anywhere in this application.

Initials: [REDACTED] **Date:** [REDACTED]

Please note: By typing your name in the Signature field below, you are signing this Application electronically.

Name: [REDACTED]

Signature (electronic): [REDACTED]

Date: [REDACTED]