**Fayette County**

**2016 Tourism Grant Application**

**Operating Expense**

Sponsored by: Fayette County Board of Commissioners

and administered by the Laurel Highlands Visitors Bureau

You must submit **FIVE (5)** copies of this application with attachments to:

Laurel Highlands Visitors Bureau (LHVB)

Fayette County Tourism Grant Program

120 East Main Street

Ligonier, PA 15658

Phone – 724.238.5661, Extension 101

Deadline for receipt at LHVB Offices:

**No later than 4:30 PM on FRIDAY, March 4, 2016**

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 in mid to late April 2016.

**ALL APPLICANTS MUST BE A 501(c)(3) NON-PROFIT RECOGNIZED BY THE IRS.**

**NOTICE: HANDWRITTEN APPLICATIONS WILL NOT BE CONSIDERED**

**STATEMENT OF PURPOSE**

Funds distributed in the form of grants are a portion of the hotel room occupancy tax collections. Operating Expense Grants should be used for:

* Operational expenses such as; rent, utilities, land phones (not mobile services). Such items as desks, chairs, computers, software, copy machines, etc. consumable supplies such as stationary, paper, etc. will be considered. Grants will not be awarded for payroll, travel expenses and sectarian purposes.

**There is a high probability the state law will require a 25% match. Please prepare the application with that expectation**. Half of the match can be in-kind services and/or donated materials; however, documentation must be provided for any in-kind match. Volunteer work is valued at $10/hour and must be documented, including dates and list of volunteers, the services they provided, and their hours of service. If you receive a grant, you can incur expenses eligible for assistance immediately after grant notification. (Expenses cannot be incurred before notification date.)

**Grant Guidelines**

* No more than one grant application of each type will be accepted from any single applicant.
* Grants are available for non-profit organizations, according the County MOU.
* A federal identification number is required to submit an application.
* A credit line for the Fayette County Tourism Grant Program must be included on any advertisement or literature paid for by the grant.
* Once notification is given to grant applicant selected for a grant, a contract between the Fayette County Grant Committee and the applicant will be signed and the applicant will be notified of approved expenditures funded with grant dollars.

***Please refer to the Fayette County Tourism Grant Program Criteria and Guidelines for more detailed information.***

**Grant Application Instructions**

**Applications must include:**

* Completed cover page.
* No more than two (2) typed pages of narrative to describe the project, answering the questions specific to the application grant category.
* A budget worksheet specifically listing the projects’ activities for which the grant will be used.
* Must include copy of quotes and bids for all project activities identified in the budget worksheet.

**Submit five (5) copies of the entire application,** with each individual copy paper clipped. **DO NOT** staple set together and **DO NOT** place applications in folders or binders.

**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.**

**2016 Fayette County Tourism Operating Grant Cover Page**

**(*Complete This Page of Each Grant for Which You Are Applying*)**

**Name of Grant Application/Project\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Legal Name of Sponsoring Organization\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Contact Person/Title\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Mailing Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Web Site\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Federal ID #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Business/Organization Federal ID # Assigned To:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Grant Amount Requested $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Cash Match $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ In-Kind Match $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Category (check )**

**\_\_\_\_\_Operational Grant**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Applicant Date**

If selected to receive a 2016 Grant, **the grant check will be made payable to the organization/applicant/business whose name appears in the legal name section above.** Non-profit organizations are also required to provide a copy of their IRS 501(c)(3) Determination Letter and a list of their current Board of Directors, with names, addresses, and phone numbers as well as when directors’ terms of office expire.

**Submit five(5) copies of the entire application,** with each individual copy paper clipped. **DO NOT** staple set together and **DO NOT** place applications in folders or binders.

**DEADLINE: If submitting via US Postal Service, the application must be postmarked no later than March 4, 2016. If delivering application by hand, the application must be turned into the Laurel Highlands Visitors Bureau office no later than 4:30 pm on March 4, 2016.**

**Office mailing and delivery address:**

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

**SECTION I: *Operating Expense Grant Request***

Operating Expense Grant Requested: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total Projected Budget for this Project: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Using the Grant Budget Worksheet provided with this application, please provide a detailed operating budget showing all sources of revenue, including grants and all expenses.**

**SECTION II: *Project Information***

Please answer all of the following questions as completely as possible; you may attach

additional pages if necessary.

* Mission of this project. In two or three sentences, describe the current need, problem, or opportunity and how grant funds will address these issues.
* **\*\*\*How will this project enhance or increase tourism in Fayette County?\*\*\***

**(Your response to this question is vitally important to the committees’ decision relative to your application!)**

**SECTION III: *General Information***

1. If your organization is a **tourist attraction:**

a. What were your annual visitation numbers for the past three years?

2013: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2014: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2015: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

b. How are the visitation numbers provided above determined?

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

age, etc.)

1. How will your organization judge the effectiveness of this project? How will results be measured?

**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 receipts and a certification to verify the expenditure of any grant funds received, and I/we agree to furnish said documentation. 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.

Name (print):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant is a non-profit organization and:

A copy of applicant’s non-profit organization IRS 501(c)(3) Determination Letter is attached

A list of applicant’s Board of Directors with addresses, etc., is attached

Date Received by LHVB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2016 Tourism Operating Grant Budget Worksheet**

***(Include Advertising and Contractor Bids if Applicable)***

**Be specific regarding line item costs associated with this Operating Grant Request.**

**You must show how both the grant amount requested and the matches (both cash and in-kind) will be allocated among activities. Remember that the match must be at least 25% of the total cost and that at least half of the match (or 12.5% of the total cost) must be in cash. The other half of the match can be “in-kind,” consisting of volunteer services and donated materials. Volunteer services should be valued at $10 per hour.**

**Application/Project\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_County\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of Grant**

**City/Town of Applicant\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Federal ID#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Activity** | **Grant Amount**  **Requested** | **Match (Cash)** | **Match (In-Kind)** | **Source of Match** | **Total Funds** |
|  |  |  |  |  |  |
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|  |  |  |  |  |  |
| **Column Totals:** |  |  |  |  |  |

**(Total of Grant Amount Requested + Match (Cash) + Match (In-Kind) Must Equal Final Column Total.)**

Name (print):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_