

# Franklin County Tourism Grant Program Guidelines

## **PURPOSE:**

The Franklin County Tourism offers a grant program to fund marketing and/or promotional projects for events/tournaments, conventions, and facilities that create tourism activity for the Franklin County community. This grant program is made possible through the hotel/motel tax funds received by Franklin County Tourism.

## **APPLICATIONS AND PROJECT DEADLINES**

Completed applications must be received prior to the grant event and 24 hours before any regular Franklin County Tourism meeting. There is an allotted amount for grants, so requests may be granted as long as funds are available.

## **FORMAT REQUIREMENTS**

Applications must be typed. Application forms may be retyped, but must follow the same format. Applications are available at Center 1 and on the web site: [www.franklincountytourism.com](http://www.franklincountytourism.com). A total of four copies of the application (and any supporting materials) must be submitted to Center 1. Faxed and emailed applications will not be accepted since multiple copies must be submitted.

## **LOGO/TAGLINE REQUIREMENTS**

Projects must contain the Franklin County Tourism logo or tagline, "Project sponsored in part by the Franklin County Tourism." Copy of logo may be obtained at Center 1.

## **ELIGIBLE PROJECTS**

Applicants eligible to receive financial assistance are limited to events that create tourism activity for Franklin County.

Marketing: Eligible expenses include, but may not be limited to, design and productions costs for brochures, fliers, posters, direct mail pieces, printed registration materials, advertising, and signage. Eligible projects are encouraged to have a distribution/marketing focus outside a 50 mile radius of the event location. Priority will be given to projects that generate lodging revenue. To receive funding for an event/project that has been funded previously by Franklin County Tourism, the project shall contain a new or expanded marketing component. Please note that grants are based on the cost of promoting the event, not the cost of the event itself.

## **COST REIMBURSEMENT**

Complete marketing cost information and current quoted estimates must be provided with the application. Applicants must have accurate estimates and should apply for the amount needed to fund the project versus applying for a higher amount in anticipation that the grant will be reduced. Grants are reimbursed when the recipient provides the receipts of payment and grant evaluation form. Recipients must provide information within 60 days in order to receive grant monies. If not received within 60 days, grant monies will not be rewarded. Grants are limited to a maximum of 75% of the eligible costs, or \$1,500.00, whichever is lower. A cash match is required; in kind contributions and grants are paid to the contact organization, not to vendors of products or services.

## **NOTIFICATION**

Applicants will be notified of their funding status within 30 days of the Franklin County Tourism board reviewing the application.

## **REVIEW CRITERIA**

Applicants will be reviewed based upon the following criteria:

Economic Impact: Number of guests attracted to the area from outside a 50 mile radius of the event location and the number of lodging rooms generated.

Financial Need: Seed money to start something new or expansion of existing programs.

Leverage Activity: Project's probability of stimulating the development of other tourism opportunities.

Quality and Viability: The overall view of the event/project.

The Franklin County Tourism board reserves the right to deny requests for funding. Funds available are not guaranteed and will vary year to year. When available funds have been disbursed for the year, no other applications will be considered. Guidelines for funding are subject to change without notice.

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# Franklin County Tourism Grant Program Application

**Please read the grant guidelines BEFORE completing application.**

Organization Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Date of Application: \_\_\_\_\_ Date of Event/Project: \_\_\_\_\_

Total Cost of Marketing Expenses: \$ \_\_\_\_\_ Amount Being Requested From FCT: \_\_\_\_\_

Project for which you are applying: (Please circle)

Brochure Local transportation Signage

Flyer Magazine Ad Video

Poster Radio Ad Welcome Reception

Direct Mail Piece Newspaper Ad

Printed Registration Materials Other \_\_\_\_\_

What event, facility, etc, will your project promote: \_\_\_\_\_

Provide a description of the project for which you are requesting financial assistance. i.e., if applying for an advertisement, list the dates the ad will appear, size of ad, and the media that will be used. If this is a direct mail piece, list the date, number of pieces and prototype if available.

Attach example of project from the past event if available.

Completed cost information must be provided and quoted estimates for all eligible costs must be attached. i.e., quote from graphic designer/advertising rep for ad display.

List the source of matching funds. Grant requests are limited to no more than 75% of eligible costs, or \$1,000.00, whichever is lower.

Where will the guests that are attracted by your project/event come from? How many people are you expecting to draw? i.e., number of participants, number of spectators and number of vendors

Estimate the number of lodging nights to be generated from this project. \_\_\_\_\_

Will this be an annual project/event? \_\_\_\_\_

How will you evaluate the effectiveness of your project? \_\_\_\_\_

# Franklin County Tourism

## Event Completion and Evaluation Form

In order for your reimbursement to be approved for payment, legible copies of the following items must be provided to the Franklin County Tourism, Center 1, 5 First Street SW, Hampton, IA 50441, within 60 days after the completion of the event. If this is not done, reimbursement expenses may be reallocated and no longer available.

- \* Evaluation Form
- \* Copies of dated, itemized invoices/receipts
- \* Proof of payment (copy of invoice/check)

Organization Name: \_\_\_\_\_

Name of Event: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Grant Amount Received from FCT: \$ \_\_\_\_\_

Number of Local Hotel Rooms Used for This Event/Project: \_\_\_\_\_

Number of Out of Town Visitors: \_\_\_\_\_

Total Number of People in Attendance: \_\_\_\_\_

Do you consider the event/project a success? Why? \_\_\_\_\_

\_\_\_\_\_