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**2023 TOURISM ENHANCEMENT GRANT**

**APPLICATION**

Email:

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Business or Organization Name:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Person:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business/Organization Address:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Alternate Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nonprofit (circle one): Tax ID# (if applicable):

Yes No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

General Business/Organization Description:

**DESCRIPTION OF INITIATIVE**

*Fill in as much information as possible, specific to your request.*

Details of Initiative:

*\*Attach additional details of the initiative if applicable.*

Start date(s):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Expected completion date(s):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Event or Business/Organization URL:

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What are the top three (3) goals for this initiative?

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Total anticipated event attendance or annual traffic due to this initiative:

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Non-local estimated attendance/traffic (possible overnights) due to this initiative:

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Provide a description of the marketing/communications plan for promoting your initiative (include organic and paid efforts):
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*\*Attach a marketing/communications plan for promoting your initiative or additional information if applicable.*

Describe how this initiative will increase overnight stays in Spencer County. Be specific about where people will come from and how they will find out.

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Provide a detailed strategy planned to measure initiative goals and tourism impact.

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**FINANCIAL INFORMATION**

Total annual budget of business/organization:

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Budget for this initiative (without tourism enhancement grant):

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Tourism Enhancement Grant request:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Provide a financial breakdown and list specific expenses for which the requested funds will be used:

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*\*Attach additional/supporting documentation regarding financial breakdown and expenses if applicable.*

**PARTNERS/COLLABORATION**

List name, email address, and phone number of partners or contributors to this initiative. Attach additional information as needed.

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**CERTIFICATION**

On behalf of the organization identified on this application, I do hereby certify that the submitted application meets all the eligibility requirements for the Spencer County Visitors Bureau’s Tourism Enhancement Grant and the information included is accurate.

I understand that the grant funding of this initiative cannot be awarded prior to approval by the Spencer County Visitors Bureau and must be completed in date range provided.

**To close the grant, a grant report must be submitted (along with vendors’ invoices and a copy of all promotional material, if applicable) to the Spencer County Visitors Bureau by the applying entity within sixty (60) days of completion, including any information regarding overnight visitation in Spencer County as a result of the initiative.**

Signature:

On Behalf Of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Date:

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