DECD
State of Connecticut
Department of Economic and Community Development

TOURISM PRODUCT DEVELOPMENT (TPD) GRANT APPLICATION - 2012

First Round Deadline: September 21, 2012

Please send completed application to: Rena Calcaterra**,** FY12 Tourism Product Development Grant, Connecticut Office of Tourism, Department of Economic and Community Development (DECD), One Constitution Plaza, 2nd Floor, Hartford, CT 06103

EVERY BLANK MUST BE FILLED IN (USE N/A WHERE APPLICABLE) IN ORDER FOR THIS FORM TO BE CONSIDERED COMPLETE AND READY FOR REVIEW

APPLICANT INFORMATION

Federal Employer ID # _____ Date of Non-Profit Incorporation in CT _____

Applicant Organization Official Name _____

Organization Also Known As (if different from Official Name)_____

Street Address or Location _____

Mailing Address (if different) _____

City/State/Zip _____

Telephone _____ Fax _____

General Organization E-mail _____

Website address _____

Executive Director _____

E-mail _____ Telephone/Extension_____

Application Contact Person* _____

E-mail* _____ Telephone/Extension_____

Project Contact Person _____

E-mail _____ Telephone/Extension_____

** Required - all notices and information regarding applications will be sent by email ONLY to application contact person.*

PROJECT INFORMATION

This is a new initiative: ❍ Yes ❍ No

This is the enhancement to an existing tourism asset: ❍ Yes ❍ No

Project location (City(ies)/Town(s)) _____

If the project includes an event, please specify event date(s) _____

Title of Project _____

FOR OFFICE USE: **APP #**_____

PROJECT INFORMATION (CONTINUED)

Type of Project (select appropriate number(s), refer to Types of Projects Funded, page 3 of TPD guidelines)

- ☐ 1) Destination Driver
- ☐ 2) Destination Accelerant
- ☐ 3) Enhancement to existing tourism asset:

PROJECT SUMMARY

Please complete the following sentence (15-25 words in relation to your application):

Grant funds will support _____

_____

GRANT REQUEST

1st Year: $ _____ ($30,000 minimum/$100,000 maximum) Must be matched with non-state funds on 50 percent basis.

2nd Year: $ _____ ($30,000 minimum/$75,000 maximum) Must be matched with non-state funds on 50 percent basis.

Project Period for one year:

Project Start Date (no sooner than May 15, 2012) _____

Project End Date (no later than May 31, 2013) _____

- ☐ Applying for one year contract
- ☐ Applying for two year contract

Project Period for two years:

Project Start Date (May 15, 2012) _____

Project End Date (May 31, 2014) _____

FUNDING SECTION

Summary of Costs

- Total Cost of Program: _____ *(If the Tourism Product Development Grant project contributes to a broader program, provide the total cost of the program)*
- Total Amount of Requested Grant Funds: _____
- Total Amount of Matching Funds: _____

  Cash: _____ , In-kind services:_____

APPLICATION NARRATIVE

Answer questions 1-4 in narrative form, no more than four (4) single-spaced typed pages (one side only). Margins should be no less than 3/4 inch on all four sides with a font size no smaller than 11 point. The Tourism Product Development Grant budget(s) and timeline(s) are not included in the four-page total.

1. Brief History of the Organization
   Provide a brief history of the organization including operating years, office location if applicable, mission statements and objectives, and demonstrate financial stability. Please state any previous state loans or grants.

2. Technical Approach
   Describe the project for which you seek funding. Include key proposed activities, target audience (i.e., to whom this project is directed), project goals and objectives. Specify how requested funds will be used.

3. Consistent with state's Strategic Marketing Plan for Tourism
   Clearly articulate compatability with the degree of enhancement.

APPLICATION NARRATIVE (CONTINUED)

4. Value of Product
Identify type of product and explain why. Articulate the value of the product including both long and short term goals.

PROJECT BUDGET(S)

Provide a detailed budget which will include revenue, broken down by earned income, grants & contributions, identified source(s) of matching funds and in-kind services; expenses, broken down by item (refer to page 3 of TPD guidelines) and the expense of each item shown under the appropriate category of expenses: COT Tourism Product Development Grant funds, matching funds, in-kind services, other revenue. If applying for a two year grant you must submit a proposed budget for each year noting matching funds for each year.

PROJECT TIMELINE(S)

Include a detailed timeline indicating significant stages of implementation and approvals for the project. All project materials related to funding must be approved by COT prior to being produced or scheduled for final production. A minimum of 5 working days is required for this approval. If applying for a two year grant you must submit a timeline for each year.

STRATEGIC MARKETING PLAN

Applications must include a Strategic Marketing Plan in their application package. If the applicant does not have a Strategic Marketing Plan, then the applicant must complete and submit the Strategic Marketing Questionnaire.

APPLICANT'S TOTAL FISCAL SUMMARY

	A. Total budget for last completed fiscal year	B. Total budget for present year	C. Total budget for projected year
FY End Date (month/day/year)	_____	_____	_____
Income	$ _____	$ _____	$ _____
Expenditures	$ _____	$ _____	$ _____

CHECKLIST

7 APPLICATION COPIES ASSEMBLED IN THE FOLLOWING ORDER:

- ☐ Application Form - (original must be signed in blue ink and dated; copies must be signed and dated with a copy of the original signature)
- ☐ Application Narrative – Brief history of the organization and project description (no more than 4 pages)
- ☐ Budget(s)
- ☐ Timeline(s)
- ☐ Strategic Marketing Plan/completed Strategic Marketing Questionnaire
- ☐ Drawings needed to illustrate proposed product
- ☐ Supplemental Materials (if applicable)

BEHIND THE COPY MARKED "ORIGINAL," PLEASE ADD THE FOLLOWING:

- ☐ IRS Tax Exempt Verification
  Already submitted this fiscal year in _____(Name of Grant Program)

Eight (8) sets are required in total to be considered a complete application package.

SIGNATURE

Under penalties of perjury, I declare that I have examined information contained in the application for this grant and accompamying documents and, to the best of my knowledge and belief, they are true, correct and complete, and I am in fact eligible for funding under this grant program. I am aware that the submission of any false information or omission of any pertinent information resulting in the false representation of a material fact may subject me to civil and/or criminal penalties for filing of false public record and/or forfeiture of any funding awarded under this program. I further declare that I have reviewed the Connecticut Office of Tourism's Grant Overview Guidelines and acknowledge my responsibility as a grant applicant to become familiar with these guidelines and that failure to comply could result in ineligibility for the grant program. I understand that should I have any questions regarding these guidelines, I may contact COT. I further understand that all documents submitted become the property of DECD/COT.

Printed Name _____ Title _____

Signature_____ Date _____