

2024 Local Community Tourism Grant Application – Not For-Profit

Date: _____

Applicant Information

Organization: _____

Website: _____

Contact: _____

Mailing Address: _____

Phone: (work) _____ (cell): _____

Email: _____

Sponsor Information (if applicable)

Organization: _____

Contact: _____

Mailing Address: _____

Phone: (work) _____ (cell): _____

Email: _____

Funding Category:

Total Project Cost: \$ _____

Grant Request: \$ _____

***Attach labeled answer pages, for the grant questions (below) to complete the application. Please be as detailed as possible in your answers to the following questions.**

PROPOSED PROJECT:

1. Please describe in detail the project and need.

PROJECT BUDGET:

1. Provide a detailed budget using the Application Budget Form. Attach supporting documentation including cost estimates for the project.
2. Provide a detailed description of “Match” funds. Be sure to indicate if the match funds are fully committed or not.

PROJECT IMPLEMENTATION:

1. What is the timeframe for the project to be implemented?
2. How is your organization, and/or the principals involved in project implementation, qualified to undertake this project?
3. Are you collaborating with other municipalities, organizations and/or for-profit businesses in the implementation of your project?
4. What differentiates this project from other tourism related projects or initiatives in Delaware County?

GOALS OF PROJECT:

1. What are the short and long-term goals of this project? How will this be measured?
2. How will the project benefit and impact tourism within Delaware County (overnight stays, increased visitor spending)?
3. What market segment(s) of non-county visitors does the project target and how?