**COLLIER COUNTY**

**TOURIST DEVELOPMENT COUNCIL (TDC)**

**GRANT FUNDING APPLICATION REQUEST**

**CATEGORY "B" MARKETING AND NON SPORTS EVENTS GRANTS**

**FISCAL YEAR 2018-19**

**TIMETABLE FOR REVIEW:**

* Completed applications must be received in digital format or other written format by the Tourism Department Office no later than 5:00 P.M. on Friday, April 27, 2018.
* Applications may also be delivered to the Tourism Development Division Office: 2660 North Horseshoe Dr, Suite 105 Naples, FL 34104 by Friday, April 27, 2018.
* For further information, contact Kelly Green at telephone (239) 252-2384 or Kelly.Green@colliercountyfl.gov.

After receiving recommendations from the Tourism Division Staff, the Tourist Development Council (TDC) will review each qualifying applicant and prepare, in priority order, their recommendations for funding for Fiscal Year 2018-19. Funding recommendations of the TDC are final, and will be presented to the Board of County Commissioners as part of the County’s budget process for FY 2018-19. After budget approval, contracts will be negotiated with the selected applicants, with assistance from the County Purchasing Department and the County Attorney's office, and then presented to the BCC for final approval. Appeals on funding recommendations may be made to the County Commission when recommendations are reviewed. Once executed, these contracts will be monitored and Requests for Fund Forms and Status Reports will be reviewed by the Tourism Director before submission to Clerk’s Finance Department for potential reimbursement. No projects are approved and no funds may be expended until the contract is approved and signed by the Chairman of the Board of County Commissioners. All materials submitted with applications will become a matter of public record, open to inspection subject to Chapter 119, Florida Statutes.

**REQUIREMENTS:**

1. All collateral material and advertisements should identify Collier County Tourism by displaying the CVB logo and website url(www.paradisecoast.com)**.**
2. Reimbursement requests must include the following: vendor invoices, evidence that the vendor invoices have been paid and samples of the promotional materials produced by that vendor or media outlet. Should these documents be unavailable, the Grantee may submit other legally viable evidence of payment for consideration by the Clerk’s Finance Department. No advanced payments are acceptable for reimbursement.

**ALLOWABLE USES OF TOURIST TAX GRANT FUNDS INCLUDE:**

Category “B” Tourist Tax Grant funding is available for the following types of uses.

1. Advertising and promotional campaigns supporting events or marketing projects in media such as broadcast, web and regional print and distribution and must be placed in media that runs outside Collier County. Out of County distribution of promotional materials is encouraged to promote overnight visitor stays in Collier County paid lodging.
2. Printing and distribution of promotional pieces, creative design, printing, copying, ad placement cost and distribution of direct mail.
3. Web site development or enhancement to promote the event with links to the CVB website to increase participation, attendance and awareness of the event and to generate hotel room nights and spending throughout the County.

**NON-ALLOWABLE USES OF TOURIST TAX GRANT FUNDS INCLUDE:**

 1. Prize money, scholarships, awards, plaques, or certificates.

 2. Staff or contest judges travel.

 3. Projects restricted to private or exclusive participation.

 4. Private entertainment, food, and beverages and lodging.

1. 5. Legal, medical, engineering, accounting, auditing, or feasibility study expenses or fees.
2. Salaries or supplements to salaries for existing or future staff, or employment of personnel directly or indirectly related to the project or event.

7. Tangible personal property including but not limited to office furnishings or equipment, permanent collections, or individual pieces of art.

 8. Interest or reduction of deficits and loans.

 9. Expenses incurred or obligated prior to or after the project period.

10. Advertising and promotional materials distributed after the event.

11. Payments for services or goods purchased for previous or other events.

12. Capital or infrastructure projects.

13. Payment for expenses that occur or are delivered prior to or after the effective date of the
 agreement with the grantee.

14. Advance deposits on any expenditure.

**MARKETING GRANT CATEGORIES/GUIDELINES**

Priority for grant funding will be given to events held or marketing run during our destination’s shoulder and slow season (May- November). Events must have the ability to attract overnight visitors to Collier County.

**I Major Events**: Staged in the County that will attract large numbers of overnight visitors from outside the County. Examples are multiple-day art, food and entertainment festivals.

**II First Time Events:** These include newly created events, or ones that have little history. Subsequent year funding will be determined by results of the first or subsequent year room night production resulting from the event.

**III Arts & Cultural Events:** Two or more day events that can bring significant number of out of area visitors to Collier County using the same guidelines as events listed above.

**IV Marketing Assistance:** Organizations located in Collier County that request marketing assistance for projects highlighting more than one tourism business that further the mission of the TDC and the CVB and do not meet the guidelines for a Category C-2 Museum grant. Examples would be production of brochures, maps, documentaries, special package promotions and facility marketing programs.

**APPLICATION FOR GRANT FUNDING**

 **GENERAL INSTRUCTIONS**

1. Please submit your completed application in digital format (no zip files) via email to Kelly Green, Tourist Tax Coordinator at Kelly.Green@colliercountyfl.gov or in printed format to the Tourism Office, 2660 N. Horseshoe Drive, Suite 105 Naples, FL 34104, attention: Kelly Green.
2. Complete each item of each applicable section. If a question does not apply to your organization, please insert (N/A). Contact Kelly Green at 239-252-2384 or Kelly.Green@colliercountyfl.gov with any questions.
3. Be sure to have your Chief Official and Secretary or their designee sign the application on the last page.
4. One copy of each of the following items is required and attached to original application:

( ) Charter, Articles of Incorporation, By‑Laws, Proof of Current State of Florida Status (except government entities)

( ) Authority to apply for these tourism tax funds.

( ) IRS Determination Letter of non-profit status

( ) Form 990 (except government entities)

 ( ) Proof of Liability Insurance naming Collier County as an additional insured that will be in effect during the grant period.

Name of Grant Preparer: (Please Print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Grant Preparer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_

**COLLIER COUNTY GOVERNMENT**

**TOURIST DEVELOPMENT COUNCIL GRANT APPLICATION**

**CATEGORY “B” MARKETING OR EVENT GRANTS FY 18-19**

 **I GENERAL INFORMATION**

To assist us in evaluating the impact your project may have on Collier County and to better understand what support you are requesting, the following questions must be answered in full.

(1) LEGAL NAME OF ORGANIZATION \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(2) NAME OF PROJECT OR EVENT\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(3) Contact Person’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(4) COMPLETE ADDRESS OF ORGANIZATION:

 STREET\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 CITY\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ST\_\_\_\_\_\_ZIP\_\_\_\_\_\_\_\_\_\_

 PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FAX: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 WEBSITE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(5) ORGANIZATION'S CHIEF OFFICIAL’S NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 TITLE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address if different from above:

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

 PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FAX: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 E-Mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(6) ORGANIZATIONAL STRUCTURE: ( ) NON-PROFIT ( ) GOVERNMENT AGENCY

 ( ) FOR-PROFIT ORGANIZATION

(7) GRANT AMOUNT REQUESTED: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(8) **PROJECT TYPE (Check all that apply)**

( ) PROMOTIONAL MATERIALS (Brochures, flyers, website**)**

( ) MARKETING PROGRAM (Advertising, Public Relations, Digital or Social Media)

 ( ) OTHER (Describe)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(9) If the entire Tourist Tax funding request cannot be funded, may the project be restructured with less funding? ( ) YES ( ) NO

(10). **PROJECT DESCRIPTION**: describe in detail the project for which funding is requested

(11). **APPLICANT'S GRANT HISTORY**: Have you received previous grant assistance from the Collier County Tourist Development Council?

 ( ) YES ( ) NO. If “Yes”, specify the year (s), the project name, the amount of the grant awarded and the number of visitors and hotel room nights generated by the grant activity.

YEAR \_\_\_\_\_\_\_\_\_\_\_ PROJECT/EVENT NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PREVIOUS GRANT AMOUNT $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# VISITORS ATTRACTED: \_\_\_\_\_\_\_\_\_\_\_# HOTEL ROOM NIGHTS GENERATED\_\_\_\_\_\_\_\_\_\_

Please add additional year grant details below using the format above.

If you have previously received funding from the TDC, please attach a copy of your FINAL STATUS REPORT including attendance, economic impact and other information that will assist the tourism staff to evaluate your prior experience.

 (12). **OTHER FUNDING SOURCES**: List the sources and amounts of confirmed other funds and planned revenue sources to support the amount of the grant. Tourist Tax grant funds cannot be the sole source of funding.

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 $

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $

TOTAL OTHER FUNDS: $

(13) Provide projections of the Direct Economic Impact this project will have on Collier County using the event calculator available on County website at http://www.colliergov.net/index.aspx?page=847.

Projected # of Overnight Visitors \_\_\_\_\_\_\_\_\_\_\_ Hotel Room Nights \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tourist Tax Revenue $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Direct Visitor Spending $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Economic Impact: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PROJECT BUDGET RECAP**

**INCOME SOURCES:**

TOURIST DEVELOPMENT TAX GRANT REQUEST $\_\_\_\_\_\_\_\_\_\_\_\_

TOTAL ADDITIONAL FUNDING SOURCES (From #12 previous page) $\_\_\_\_\_\_\_\_\_\_\_\_

OTHER INCOME SOURCES $ \_\_\_\_\_\_\_\_\_\_\_

 TOTAL INCOME - ALL SOURCES $ \_\_\_\_\_\_\_\_\_\_\_\_\_

**PROJECT EXPENSES:**

**Intended Uses of Tourist Tax Grant Funds:**

Please refer to authorized and unauthorized uses on page 2. Provide an itemized summary indicating the intended use of Tourist Development Tax (TDT) funds. **Please be as explicit as possible, including planned cities where advertising or promotional materials will be placed. Indicate the total amount you plan to spend for each category or promotion.** Use additional sheets if necessary.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Total Tourist Tax Grant Expenses Planned:** $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Other Project Expenses not using Tourist tax grant funds:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Total Other Project Expenses**: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TOTAL PROJECT EXPENSES $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Profit (Loss) $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CERTIFICATION**

Please attach a copy of the Corporate Minutes or proof of authority authorizing this application for Tourist Tax Grant funds for the purposes stated in this application

**I have reviewed this Application for Grant Funds from Collier County for FY 2018-19. I am in full agreement with the information contained herein and have the authority to request this funding on behalf of the organization. To the best of my knowledge, the information contained in this Application and its attachments is accurate and complete.**

**Chief Officer (or designee):**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Signature**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Printed Name and Title**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date**

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

**Organization Secretary (or designee)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Printed Name and Title**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**