

**COLLIER COUNTY  
TOURIST DEVELOPMENT COUNCIL (TDC)  
GRANT FUNDING APPLICATION REQUEST**

**CATEGORY "C-2" NON-COUNTY OWNED AND OPERATED MUSEUM  
GRANTS  
FISCAL YEAR 2019-20**

**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 Tuesday, April 30, 2019.
- Applications may also be delivered to the Tourism Development Division Office: 2660 North Horseshoe Dr, Suite 105 Naples, FL 34104 by Tuesday, April 30, 2019.
- For further information, contact Kelly Green at telephone (239) 252-2384 [Kelly.Green@colliercountyfl.gov](mailto: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 2019-20. Final funding recommendations of the TDC will be presented to the Board of County Commissioners as part of the County's budget process for FY 2019-20. 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](http://www.paradisecoast.com))
2. Reimbursement requests must include the following: 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 subject for consideration by the Clerk's Finance Department. No advanced payments are acceptable for reimbursement.

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

The following are examples of how Tourist Development Funds may be used by non-County owned and operated museums to promote tourism to Collier County.

1. Advertising and promotional expenses in conjunction with an activity or event or promotion to increase the number of overnight visitors to Collier County. Examples are: printing and distribution of promotional pieces prior to the event or exhibit including creative design, printing, copying, ad placement cost and distribution of direct mail, email and social media.
2. Creating or enhancing an existing site promoting the event or exhibit linked to the CVB's website to increase participation, attendance and awareness of the event and to generate hotel room nights and spending throughout the County.
3. Acquisition and/or promotional costs for a major traveling exhibit to create new reasons to visit the museum or extend a visitor's stays and spending in Collier County.

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

1. Prize money, scholarships, awards, plaques, or certificates.
2. Projects restricted to private or exclusive participation.
3. Private entertainment, food, and beverages and lodging.
4. Legal, medical, engineering, accounting, auditing, or feasibility study fees.
5. Salaries or supplements to salaries for existing or future staff, or employment of personnel directly or indirectly related to the project or event.
6. Tangible personal property including but not limited to office furnishings or equipment, permanent collections, or individual pieces of art.
7. Interest or reduction of deficits and loans.
8. Expenses incurred or obligated prior to or after the project period.
9. Advertising and promotional materials distributed at the museum after the event.
10. Payments for services or goods purchased for previous or other events.
11. Capital or infrastructure projects.
12. Payment for expenses that occur or are delivered prior to or after the effective date of the agreement with the grantee.

# APPLICATION FOR FUNDS

## 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](mailto: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, insert (N/A). Please contact Kelly Green at 239-252-2384 or [Kelly.Green@colliercountyfl.gov](mailto:Kelly.Green@colliercountyfl.gov) with any questions.
3. Be sure to have your Chief Official, Secretary or their designee sign the application on the last page.
4. One copy of each of the following items is required and attached in a separate .pdf document to the email containing the application form. If any item does not apply, insert (N/A).
  - ( ) Charter, Articles of Incorporation, By-Laws, Proof of Current State of Florida Status (except government entities)
  - ( ) Form 990 (except government entities)
  - ( ) Proof of Liability Insurance naming Collier County as an additional insured that will be in effect during the grant funding period.

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

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

**COLLIER COUNTY GOVERNMENT  
TOURIST DEVELOPMENT COUNCIL GRANT APPLICATION  
CATEGORY "C-2" NON-COUNTY OWNED AND OPERATED MUSEUM GRANT  
FY 19-20**

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

(3) MUSEUM INFORMATION:

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) ADDITIONAL FUNDING AMOUNT: \$ \_\_\_\_\_

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

PROMOTIONAL MATERIALS (Brochures, flyers, website)

MARKETING PROGRAM FOR MUSEUM OR EXHIBITS (Advertising, Public Relations, Digital or Social Media)

TRAVELING EXHIBIT (Acquisition fees, promotion, and advertising, etc.)

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

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

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

(12). **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 NAME \_\_\_\_\_

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

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

Please continue to add below any previous year grant details 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 enable the TDC staff to evaluate your prior experience.

(13). OTHER FUNDING SOURCES (From # 9 above): List the sources and amounts of other funds and planned revenue sources to support the amount of the grant.

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
TOTAL MATCH/OTHER FUNDS:	\$ _____

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

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

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

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

(15) What is the current or anticipated annual visitation to your museum? \_\_\_\_\_

**PROJECT BUDGET RECAP**

**INCOME SOURCES:**

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

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

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

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

**PROJECT EXPENSES:**

**Intended Use of Tourist Tax Funds**

Please refer to authorized and unauthorized uses on pages 2 and 3. 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 Funds Used:** \$ \_\_\_\_\_

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

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

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

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

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

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

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

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

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

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

**CERTIFICATION**

I have reviewed this Application for Tourist Tax Grant Funds for FY 2019-2020. 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**

\_\_\_\_\_

**Secretary (or designee)**

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

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

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