Indiana Office of Tourism Development

Marketing Asset

FY2017 Grant Application

Please send completed applications to:

Adam J. Moschell
Indiana Office of Tourism Development
One North Capitol, Ste 600
Indianapolis, IN 46204

Applications due by 4:00pm EST, March 1, 2017

Application Instructions

Each application shall adhere to the following formatting requirements and must address each of the items stated below. Application must be typed, single sided, numbered pages, one-inch margin, double-spaced; and the font should be 12 point Times New Roman. Please submit (4) hard copies to the address provided. Proposals should not be in three-hole binders or spiral bound. Please use binder clips or rubber bands. This is a competitive grant program which scores each application based on its own merit with no reflection of what projects were previously funded.

Answer all sections of the application. Do not respond "Not Applicable" unless you explain why in the application. Please utilize all the provided forms. Do not recreate or modify them.

1. Lead Applicant Coversheet

A. Use the form titled *Form 1* as the first page of the grant application. This is the only form that will be accepted as your cover sheet.

B. This form should clearly identify the cash amount of the grant you are requesting and your cash match. In-Kind donations and volunteer hours are not part of the cash match.

C. The project synopsis should be three to four sentences long.

2. Table of Contents

Provide a clear table of contents with page numbers immediately following *Form 1*.

3. Project Description

A. Provide a clear, sequential, detailed description of each component of the project.

B. Explain how the project improves marketing efficieny and effectivness, reaches new audiences and draws awareness to the tourism destination(s). Provide empirical evidence for your claims and include supporting data. You may also reference applicable research.

C. Identify the partner organizations involved in the planning process and their role in the implementation of the project. Provide a detailed description of the resources they will contribute.

D. Provide a detailed timeline for the project. Indicate the organization and/or persons responsible for each item, and include the completion date.

E. Include a project area map identifying the current marketing reach and projected marketing reach as a result of the proposed initiatives.

4. Project Need

A. Identify the need that the project will address, the area to be served, and who will benefit from the project.

B. Identify if the proposed project is part of any prior planning.

C. How does the project improve local tourism infrastructure?

D. Include current letters of support from local or regional entities that will benefit explaining their interest in the potential project. Include the letters as *Attachment A.*

5. Evaluation

A. How will you know if the project is successful and achieving the desired result. Provide qualitative and quantitative data to illustrate the anticicpated impact.

B. Identify the goals of the project. Goals are statements you make about the future for your tourism endeavor. These should be measurable through quantitative data. Use ***FORM 4*** to document your goals.

C. Identify the objectives for the project. Objectives are steps you take to accomplish your goals. Use ***FORM 4*** to document objectives.

6. Sustainability

A. Describe in detail how the project will be sustained beyond the initial funding period. Identify maintenance efforts and ongoing funding sources.

B. Describe in detail how future initiatives will be leveraged against this project to ensure that it has long term impact.

C. If funding is not secured through the Marketing Asset Grant program, how will the proposed project be implemented?

7. Budget

A. Submit *Form 2,* the Line Item Budget form.

B. A budget narrative needs to be included that explains the proposed use of the funds as well as an economic statement of impact which projects a return on investment for the local economy. Any estimates or proof of rates from vendors are required to support your proposed expenses.

C. *Form 3,* the Table of Matching Funds, must be completed and include all sources of match.

D. Include letters of commitment for match contributions from all sources on the contributing organization's letterhead and clearly state the amount of the contribution for the entire project

period. The letter should be signed by the chief executive officer or chief financial officer of the contributing organization and certify that the match is available at the time of application. Include the letters as *Attachment B.*

8. Reimbursement Documentation

A. Complete *IRS W9* and *Direct Deposit Forms*; these are the required documents to conduct business with the state.

B. If the bank is not filling out your Direct Deposit form, please provide a voided check. A voided withdraw slip is not acceptable.

C. These forms are included as attachments on this PDF. Click on the paperclip to the left to access.

GRANT OPPORTUNITY TYPE _____

PROJECT TITLE _____

APPLICANT INFORMATION

LEAD (LEGAL) APPLICANT:
CONTACT PERSON (NAME & TITLE):
MAILING ADDRESS:
CITY: COUNTY:
ZIP+4: E-MAIL:
PHONE: FAX:

PROJECT PARTNER (IF APPLICABLE):
CONTACT PERSON (NAME & TITLE):
MAILING ADDRESS:
CITY: COUNTY:
ZIP+4: E-MAIL:
PHONE: FAX:

PROJECT CONTACT PERSON:
ORGANIZATION:
ADDRESS:
CITY: ZIP+4:
E-MAIL:
PHONE: FAX:

PROJECT SYNOPSIS:

GRANT REQUEST: _____

LOCAL MATCH: _____

TOTAL PROJECT COST: $ 0.00 _____

Form 2

LINE ITEM BUDGET

	Line Item Budget			
	Grant Request	Cash Match	In-Kind	Total
Professional Fees				
				$ 0.00
Program Costs				
				$ 0.00
				$ 0.00
				$ 0.00
				$ 0.00
				$ 0.00
				$ 0.00
				$ 0.00
				$ 0.00
				$ 0.00
				$ 0.00
Costs Subtotal	$ 0.00	$ 0.00	$ 0.00	$ 0.00
Total Grant Funds	$ 0.00			$ 0.00
Total Match		$ 0.00	$ 0.00	$ 0.00
Total Project Budget				$ 0.00

Clearly define number of items and cost of each in the table

Table of Matching Funds

List all match funding sources below. Support letters for financial commitments listed below should be included as *Attachment B.*

Organization Providing Funds	Cash or In-Kind Amount	Letter of Commitment Included
Total Matching Funds	$ 0.00	

Form 4

Goals and Objectives

1. GOAL:
    a. OBJECTIVE:
    b. OBJECTIVE:
    c. OBJECTIVE:
        i. MEASURABLE DATA:

2. GOAL:
    a. OBJECTIVE:
    b. OBJECTIVE:
    c. OBJECTIVE:
        i. MEASURABLE DATA:

3. GOAL:
    a. OBJECTIVE:
    b. OBJECTIVE:
    c. OBJECTIVE:
        i. MEASURABLE DATA