



# **Indiana Office of Tourism Development**

## **Destination Development**

### **FY20 Grant Application**

**Please send completed applications to:**

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

Applications due by 4 p.m. ET on Friday, December 6, 2019.  
One hard copy and one electronic copy on a flash drive must be submitted.  
Please allow ample time for delivery if sending by postal mail.  
Applications must arrive by the deadline, NOT just postmarked before.

# **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 do not use acronyms in the proposal. Proposals should not be in three-hole binders or spiral bound. Please use binder clips or rubber bands.

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.

Guidelines for the Destination Development Grant Program may be found [here](#).

## **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 description of each component of the project.
- B. Explain how the project reaches new audiences and increases awareness of the tourism destination.
- C. What about this project will attract tourists from outside your region?
- D. How does this project align with the four drivers of the Indiana Tourism brand experience: Outdoor Recreation and Sport Tourism, Culinary/Agritourism, Heritage Tourism, Arts/Cultural Tourism.
- E. Explain how this project is transformative and how your community and region will benefit from this project being funded.
- F. If the project entails construction, please provide preliminary plans or renderings and address any legal concerns. Detail who will own any new amenities.

- G. Are any licensing or liability issues associated with this project? Describe how these issues will be addressed including permits or legal documents.
- H. Does the project have any user fees or is it free to the public?
- I. 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.
- J. Provide a detailed timeline for the project. Indicate the organization and/or persons responsible for each item, and include the completion date.

#### **4. Project Need**

- A. Identify the need that the project will address, the area to be served, and what benefit the project will provide.
- B. How did you determine that this project was the best fit for your region, including surrounding counties and states if applicable? Provide qualitative data to support your decision making process.
- C. Identify if the proposed project is part of any prior planning. How have residents of the area been involved with the planning of this project?
- D. What similar attractions or efforts exist around the state that may impact the success of this project? If other efforts exist, how will this build on them or provide something different.
- E. How does the project improve local tourism?
- F. Include advocacy letters from local or regional entities that communicate their interest in and support of the project. Include the letters as Attachment A.

#### **5. Evaluation**

- A. Provide qualitative and quantitative data that supports how this project will increase community engagement and have a positive impact on tourism.
- B. How will this project financially benefit the region? Provide a projected impact analysis including data sources to support it.
- C. 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 these.
- D. Identify the objectives for the project. Objectives are steps you take to accomplish your goals. Use **FORM 4** to document these.

## **6. Sustainability**

- A. Describe in detail how the project will be sustained beyond the initial funding period. Identify efforts, funding and plans that have been made for future sustainability.
- B. Describe in detail how additional future initiatives will build on the project. Identify efforts, funding, and plans for increased visitor capacity.
- C. Provide a detailed plan for use of any revenue from the project.
- D. What other funding avenues have been explored previously in order to initially fund this particular endeavor?
- E. Provide a marketing plan that outlines the strategy, tactics, target audience and budget amount that will be used to promote the asset after completion.

## **7. Budget**

- A. Submit Form 2, the Line Item Budget form.
- B. A budget narrative needs to be included that clarifies the proposed use of the funds as well as an economic statement of impact which projects an increased profit for the local economy. Please provide actual contractor or vendor estimates when possible.
- 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, 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 you cannot access the forms from this document, please contact Adam Moschell at [amoschell@lg.in.gov](mailto:amoschell@lg.in.gov) to request them or use the links below  
  
<https://www.irs.gov/pub/irs-pdf/fw9.pdf>  
  
<https://forms.in.gov/Download.aspx?id=11695>
- C. These two forms must have matching information including Business name, EIN number and address. They will not be accepted if the information differs.

GRANT OPPORTUNITY TYPE \_\_\_\_\_

PROJECT TITLE \_\_\_\_\_

**APPLICANT INFORMATION**

**LEAD (LEGAL) APPLICANT:**

CONTACT PERSON (NAME & TITLE):

MAILING ADDRESS:

CITY: COUNTY:

ZIP+4: PHONE: FAX:

E-MAIL:

**PROJECT PARTNER (IF APPLICABLE):**

CONTACT PERSON (NAME & TITLE):

MAILING ADDRESS:

CITY: COUNTY:

ZIP+4: PHONE: FAX:

E-MAIL:

**PROJECT CONTACT PERSON:**

ORGANIZATION:

ADDRESS:

CITY: ZIP+4: PHONE: FAX:

E-MAIL:

**PROJECT SYNOPSIS:**

GRANT REQUEST: \_\_\_\_\_

LOCAL MATCH: \_\_\_\_\_

TOTAL PROJECT COST: \_\_\_\_\_

## Readiness to Proceed Certification

\_\_\_\_\_ hereinafter referred to as “Applicant”, submits this certification to the Indiana Office of Tourism Development, hereinafter referred to as “IOTD” respective to the Applicant’s application to IOTD for state Destination Development Grant (DDG) funding. This certification is submitted to IOTD to assure that the Applicant has attained sufficient readiness in order to complete the subject project within eighteen (18) months after award of the DDG grant by IOTD. The Applicant warrants that the project will be completed within eighteen (18) months following DDG grant award, and herein indicates the level of readiness-to-proceed respective to the following areas:

- \* Project Financing
- \* Control of all interests in real property necessary to complete the project (site control)
- \* Obtaining necessary local, state and federal permits to complete the project

### Project Financing

As Chief Elected Official (CEO) of the Applicant, **I hereby certify that all non-DDG sources of funding necessary to carry out the project as listed in the project application have been secured and are available for expenditure immediately upon full execution of the DDG grant agreement between Applicant and IOTD, and subsequent release of funds by IOTD.** Pertinent comments respective to this certification are indicated below.

**Signature, Chief Elected Official**

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

**Typed Name and Title:**

**Comments**

(List any comments regarding this section here)



**Table of Matching Funds**

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

<b>Organization Providing Funds</b>	<b>Cash or In-Kind Amount</b>	<b>Letter of Commitment Included</b>
<b>Total Matching Funds</b>		

**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

## Request for Taxpayer Identification Number and Certification

**Give Form to the  
 requester. Do not  
 send to the IRS.**

▶ Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.  <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate  <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.  <input type="checkbox"/> Other (see instructions) ▶	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):  Exempt payee code (if any) _____  Exemption from FATCA reporting code (if any) _____  <i>(Applies to accounts maintained outside the U.S.)</i>
	5 Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)
	6 City, state, and ZIP code	
	7 List account number(s) here (optional)	

### Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

<b>Social security number</b>													
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<b>or</b>													
<b>Employer identification number</b>													
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### Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶
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## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.*



**AUTOMATED DIRECT DEPOSIT AUTHORIZATION AGREEMENT**

State Form 47551 (R7 / 5-18)  
Approved by State Board of Accounts, 2018  
Prescribed by Auditor of State, 2018

\* This agency is requesting disclosure of your Federal Identification Number / Social Security Number in accordance with IC 4-1-8-1. Disclosure is mandatory, and this record cannot be processed without it.

In accordance with **IC 4-13-2-14.8**, a person who has a contract with the State of Indiana or submits invoices to the State of Indiana for payment shall authorize the direct deposit by electronic funds transfer of all payments by the state to the person.

This form must be completed in order to receive payment from the State of Indiana and any time there is a change in banking information. This form must be accompanied by a W9. If you are changing an e-mail address to receive electronic notifications of EFT deposits, please contact [vendors@auditor.in.gov](mailto:vendors@auditor.in.gov).

New Enrollment

Change of Existing Account

Prior Routing Number: \_\_\_\_\_

Prior Account Number: \_\_\_\_\_

**SECTION 1: AUTHORIZATION**

According to Indiana law, your signature below authorizes the transfer of electronic funds under the following terms:

\_\_\_\_\_  
Name of Company or Individual (as shown on the account)

\_\_\_\_\_  
Federal Identification Number / Social Security Number \*

\_\_\_\_\_  
Address (Number and Street and/or PO Box Number)

\_\_\_\_\_  
City, State, and ZIP Code (00000-0000)

**SECTION 2: DIRECT DEPOSIT INFORMATION**

Type of Account:  Checking (Demand)  Savings

Please check this box if your direct deposit will be automatically forwarded to a bank account in another country.

Financial Institution: \_\_\_\_\_

Routing Number (9 digits): \_\_\_\_\_

Account Number (maximum 17 digits – include leading zeros): \_\_\_\_\_

**SECTION 3: E-MAIL ADDRESS TO RECEIVE ELECTRONIC NOTIFICATION OF ELECTRONIC FUND TRANSFER (EFT) DEPOSITS \*Required**

(Please contact [vendors@auditor.in.gov](mailto:vendors@auditor.in.gov) to add more than four addresses.)

All future notices of EFT deposits to the bank account specified above will be sent to the following e-mail addresses:

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

By checking this box, I authorize the information provided on this form to be accurate and I agree with the provisions on the reverse side of this form. I also authorize the State of Indiana to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account indicated above. This authorization will remain in effect until the state has received written notification of its termination and has adequate time to act upon the request.

NAME (type) \_\_\_\_\_ TITLE \_\_\_\_\_ TELEPHONE \_\_\_\_\_

AUTHORIZED SIGNATURE\* \_\_\_\_\_ DATE (month, day, year) \_\_\_\_\_

\* Under **IC 26-2-8-106**, your electronic signature on this form represents the same legal authority as your written signature.