

# Tourism Reinvestment in Promotion & Product (TRIPP) Program

## Advertising Funding: Checklist, Cover Sheet and Application – FY13

**ALL applicants are strongly encouraged to attend a workshop in February or early March.**

Applicant (organization): \_\_\_\_\_

Name of Project: \_\_\_\_\_

Application type: **Advertising Funding**

**Your complete application packet will include:**

- A. **Completed application** - 6 total
- B. **Confirmation of non-profit status** (such as IRS letter of determination) – 6 total
- C. **Media Schedule** – 6 total (required for Individual Placement Advertising Program ONLY)
  - Media Schedule included, I am applying for Individual Placement Advertising
  - N/A, I am not applying for Individual Placement Advertising
- D. **Detailed Attraction Information Capture** – 6 total (Spring and Fall Regional Cooperative Placement Program only)

Failure to attach any of the above documents will result in disqualification of your application from the review process.

Please <b><u>DO</u></b>	Please <b><u>DO NOT</u></b>
<ul style="list-style-type: none"><li>• <b>Collate</b> and <b>three-hole punch</b> all applications and attachments</li><li>• Paper or binder clip each complete application packet (6 total)</li><li>• Ensure all pages of application are on a 8 ½ x 11 sheet of paper</li><li>• Submit a <b>COMPLETE</b> application</li></ul>	<ul style="list-style-type: none"><li>• Put material into binders. TCFC will put all applications in our own tabbed, three ring binders.</li><li>• Staple any parts of the application</li><li>• Provide additional material or information that is not requested</li><li>• <b>USE ALL CAPS</b> or <u>underline</u></li></ul>

**Deadline for submission is 5:00 pm, Monday, April 2, 2012**

TRIPP Program, Tourism Council of Frederick County, Inc., 151 S. East St., Frederick, MD 21701

### Contact and Applicant Information

Applicant (organization):

Name and title of person responsible for daily project implementation and management:

Name:

Title:

Phone:

Email:

Name and title of person authorized to sign contracts on behalf of the organization: **(Place a star to indicate which contact is normally the best way to reach you, if there are questions concerning the application)**

Name:

Title:

Office Phone:

Cell Phone:

Email:

Organization Address:

Organization Phone:

Organization Email:

Federal employer ID#:

Organization Website:

Organization Mission Statement:

## Program

Which type of funding are you seeking for your attractions/events? Remember, if awarded, each figure below will be **matched** by your organization. You can apply in each category, but cannot apply for more than a combined award of **\$15,000**. Please check all that apply:

- (A.) **Individual Placement Advertising Program (\$55,000 available)** - Awardees place ads submitted in media schedule in niche, regional or national publications. TCFC pays the media vendors directly after the awardee has forwarded approved invoice(s) and 50% invoice total as cash match, plus any additional due in excess of award.

**Funds Requested for Individual Placement Advertising Plan:** \$ \_\_\_\_\_

- (B.) **Spring & Fall Regional Cooperative Placement Program (\$45,000 available)** – Applicants apply to be included in ads placed by TCFC in a mix of local and regional publications and broadcast media. Applicants will be responsible for 50% of the cost of their awarded placements.

- \$3,000  
 \$6,000  
 \$10,500

- (C.) This organization intends to seek the **Group Overnight Incentive** during FY13.

## Marketing Strategies

What exhibits, sites, activities or events do you want to promote through TRIPP? Please summarize in 100 words or less.

What differentiates your attraction/event from others available elsewhere and who is your target audience? (150 word max)

How does your proposed advertising reach this audience? Explain how your proposed advertising is an effective way to reach the target audience to make your event successful and increase overnight and/or out- of-country visitation? (100 words or less)



## Calculate Totals

Individual Placement Advertising Program funds requested  
for applicant selected media placement \$ \_\_\_\_\_  
+ Cooperative Regional Placement Program funds requested  
for local and regional adverting during Spring & Fall \$ \_\_\_\_\_

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Total funds requested \$ \_\_\_\_\_ (Must be \$15,000 or less)

Applicant match \$ \_\_\_\_\_

Applicant's additional advertising beyond TRIPP grant/match\* \$ \_\_\_\_\_

\*Please list the value of any other budgeted advertising for the fiscal year outside of the TRIPP program.

## Supplemental Documents – Please attach

1. **Media Schedule – Needed for Individual Placement Advertising Program only.** Please fill out the attached media schedule form.
2. **Detailed Attraction Information Capture – Needed for Spring and Fall Regional Cooperative Placement Program only.** Please fill out the Detailed Attraction Information Capture chart to accurately document the information for the exhibits, sites, activities or events you want to promote through the TRIPP **Spring and Fall Regional Cooperative Placement Program**. The information you submit will be used to generate advertising schedules and ad content.

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Applicant Signature

Date