

Tourism Reinvestment in Promotion & Product (TRIPP) Program

Product Development Grant: Checklist, Cover Sheet & Application – FY13

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

Applicant (organization): _____

Name of Project: _____

Application type: **Product Development Grant**

Your complete application packet will include:

- Completed application (5 pages max) - 6 total
- Confirmation of non-profit status (such as IRS letter of determination) – 6 total
- Other documents as required – 6 total

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

<p>Please <u>DO</u></p> <ul style="list-style-type: none">• Collate and three-hole punch all applications and attachments• Paper or binder clip each complete application packet (6 total)• Ensure all pages of application are on a 8 ½ x 11 sheet of paper, including those with pictures• Submit a COMPLETE application	<p>Please <u>DO NOT</u></p> <ul style="list-style-type: none">• Put material into binders. TCFC will put all applications in our own tabbed, three ring binders.• Staple any parts of the application• Provide additional material or information that is not requested• USE ALL CAPS or <u>underline</u>
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Deadline for submission is 5:00 p.m. 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:

Project Information

Please answer the following questions completely. Please print or type. Use additional pages if needed. You may include pictures or supplemental information with the narrative if you feel it will be helpful, but **the combined narrative portion of the application cannot exceed 5 pages.**

Project Title:

Project Summary (25 words or less):

Budget Summary

Amount of grant request (cannot exceed \$15,000): _____
Amount of cash match: _____
Amount of in-kind match: _____
TOTAL BUDGET: _____
Total must be at least double the grant request or more _____

Program / Project Start Date (must be within FY13: July 1, 2012 - June 30, 2013):

Project End Date:

Concept: Describe your project, event, activity, or attraction in detail. Include its purpose and the strategies/actions necessary to implement the project. You may include any pictures you feel will be helpful.

Opportunity: How will your project, event, activity, or attraction increase tourism and overnight stays to Frederick County? What will be accomplished by the end of this project?

If you received a TRIPP Tourism product development grant in the current fiscal year, what is the status of your TRIPP development activities?

If this project was previously funded through a TRIPP product development grant, please explain what steps are being taken to achieve sustainability.

Budget

Please prepare a budget for your project filling in the information below. TRIPP Award must be matched by an equal value in cash project expenditures or documented donations of goods or services for the project, but NOT staff time. No more than 25% of the applicant match (12.5% of entire project budget) can be in-kind goods or services.

Project Expenses

Please note the applicant does not need to match each line item, but rather the entire project must be matched 50/50. Add additional lines if needed using the format below.

Line Items	TRIPP Fund	Applicant's Match		Total
		Cash Match	In-Kind Match	
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
TOTALS:				

Project Revenue

- Identify sources of matching funds, in-kind contributions, and other revenue for the project (an example of other revenue might be ticket sales generated from an event). List each source separately and **indicate if funding is already committed**.
- Please attach letters of intent from partners that are providing financial or in-kind support.

Source: _____ Type: <input type="checkbox"/> In-Kind <input type="checkbox"/> Cash Match <input type="checkbox"/> Revenue Description: Amount: \$ Is this funding already committed? <i>Circle one</i> Y / N	Source: _____ Type: <input type="checkbox"/> In-Kind <input type="checkbox"/> Cash Match <input type="checkbox"/> Revenue Description: Amount: \$ Is this funding already committed? <i>Circle One</i> Y / N
Source: _____ Type: <input type="checkbox"/> In-Kind <input type="checkbox"/> Cash Match <input type="checkbox"/> Revenue Description: Amount: \$ Is this funding already committed? <i>Circle One</i> Y / N	Source: _____ Type: <input type="checkbox"/> In-Kind <input type="checkbox"/> Cash Match <input type="checkbox"/> Revenue Description: Amount: \$ Is this funding already committed? <i>Circle One</i> Y / N

Evaluation

How will you measure the success of your project? What is the expected economic impact?

What are your past results? Overall attendance, out of county visitation, sales (if applicable), generated overnight stays.

Do you intend to seek the Group Overnight Incentive during FY13 for this project?

Applicant Signature

Date