

**Explore Licking County
2017 Tourism Marketing Grant Program
PROGRAM DESCRIPTION**

The Tourism Marketing Grant Program is designed to assist non-profit organizations and small businesses located in Licking County in development and promotion of **special events, projects and programs that will bring overnight visitors to the county.**

Application Guidelines

- Funding to promote an **event or project** should be requested for marketing, promotion and advertising expenses only **not** for administrative, equipment, capital improvements or space costs. **Marketing for general advertising purposes for your existing establishment will not be considered. Marketing efforts should include advertising outside of Licking County.**
- Funding can be requested for not more than 50% of the overall project or event marketing budget.
- Previous grant recipients must have submitted a Project Recap Form to be eligible to apply for another grant.
- Applicants may request funding for up to two **events/projects** per calendar year however each must be on a separate application. Applicant should prioritize requests.
- Applications must include the organizations overall annual budget and total budget for the event or project.
- Applications should include relevant support materials.

Grant Process

- All completed application forms and support materials must be in the Explore Licking County office by the deadline date of March 6, 2017.
- Applications are reviewed by the Tourism Marketing Grant Committee and recommendations then presented to the Explore Licking County Board of Directors.
- Grant dollars are awarded based on the non-profit/small business annual marketing budgets.
 - Marketing budget of \$50,000.00 plus annually.
 - Marketing budget of \$25,000.00 to \$50,000.00 annually.
 - Marketing budget of up to, but not exceeding \$25,000.00 annually.
- Applicants that receive a favorable decision may receive an advanced partial payment of as much as 50% of the total grant prior to completion of the special event, project or program.
- A Project Recap Form must be submitted to Explore Licking County for review within 60 days after successful completion of the event, project or program.

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- Final payment of grants will be sent to recipients following review of the Project Recap Form and Tourism Marketing Grant Committee approval.

If you have any questions or comments, please contact:

Dan Moder, Executive Director
Explore Licking County
455 Hebron Rd, St. Rt. 79
Heath, Ohio 43056
740-345-8224 dan@explorelc.org

**Explore Licking County
Tourism Marketing Grant Program
GRANT AGREEMENT**

This agreement, with the objective of promoting tourism in Licking County, entered into on ____/____/2017 by and between Explore Licking County, hereafter referred to as "ELC" and the "Participant" who is listed below:

Whereas, the Participant has requested financial assistance for the special event, project or program titled _____ and has furnished a true and acceptable budget for said project to the ELC.

Whereas, the Participant's application is on file at the ELC offices, and

Whereas, between the calendar year 2017 the Participant shall successfully complete the above mentioned special event, project or program.

Now therefore, ELC shall pay to the Participant an amount not to exceed the sum of \$ _____ subject to the following conditions and covenants:

1. The Agreement is conditioned upon the availability of funds appropriated to ELC or available to it from other sources.
2. In order to provide for accountability of funds, ELC shall reserve the right to conduct program evaluations and financial audits.
3. ELC will process a check made payable to the Participant for an amount not to exceed that stated above, after completion of the special event, project or program and submission and approval of the Project Recap Form.
4. The Participant will submit the Project Recap Form to ELC offices within sixty (60) days after the completion of the special event, project or program. The Participant will provide documentation of the activities funded by the grant including but not limited to: copies of invoices, printed materials, a full budget of income and expenses as required on the Project Recap Form, and such other information as ELC may reasonably require. Failure to comply with ELC requests under this paragraph shall be grounds for ELC in its sole discretion to cancel this Agreement and any grant or monies due under it.
5. ELC shall not be responsible or liable for any deficit arising from the special event, project or program. The Participant shall notify all persons with whom the Participant contracts that the Participant shall be solely responsible for payment and shall not represent that the operation constitutes a joint financial venture with ELC. The Participant hereby agrees to and does assume all risk of claims heretofore or hereafter arising from any matters relating to this Agreement.
6. The Participant agrees to acknowledge Explore Licking County grant support in all promotion and publicity for the event, project or program for which the grant funds are to be used. The following credit shall be used: "Supported in part by a grant from Explore Licking County." Furthermore, ELC logo and accompanying advertising tag line must be displayed on printed materials funded through the tourism grant. The logo and tag line may also appear in video advertising or promotion for the event/project. Organizations receiving tourism grant dollars agree to include the ELC logo and a link to ELC's web site not more than one "click" from their organization's home page. (If applicable).
7. The Participant agrees to indemnify and hold harmless ELC from any claims of any kind for injuries or damages which result from the making of any arrangement for said special event, program or project or in the performance of said activity.
8. No person shall be excluded from participating in, be denied the benefits of, or otherwise be subjected to discrimination under any program, employment, activity or service regarding this Agreement on the basis of race, color, religion, sex, national origin, handicap, ancestry or age.
9. The Participant shall not assign this Agreement or any part thereof without the written consent of ELC.
10. The Participant agrees that each of the covenants of ELC contained herein is dependent upon the fulfillment of all conditions and covenants of the Participant contained herein.

The acceptance of the terms of this agreement has been authorized by the governing body of the Participant and the undersigned representative has been authorized to act for the Participant in the administration of this special event, project or program. A copy of that authorization is attached.

Explore Licking County	Participant
Name _____	Name _____
Title _____	Title _____
	Federal Tax ID# _____
Date _____	Date _____

**Explore Licking County
APPLICATION FOR FUNDING**

Please type or print legibly and complete all information. Additional pages may be used as necessary.

Name of special event, project or program:

Date of special event, project or program:

Location of special event, project or program:

Applying Organization

Name:

Address:

City/State/Zip:

Fed. Tax ID#:

Contact Person/Title:

Phone/Fax/Email:

Name of treasurer or fiscal agent responsible for event project finances:

Provide a list of members of the board of trustees/directors, if applicable:

Please Check which annual marketing budget best fits your non-profit or small business:

Marketing budget of \$50,000.00 plus annually.

Marketing budget of \$25,000.00 to \$50,000.00 annually.

Marketing budget of up to \$25,000.00 annually.

Name and address of person to receive actual reimbursement check:

Special Event, Project or Program

Please describe special event, project or program:

- Brief general narrative (250 word maximum)

- If regularly scheduled event/activity, describe history.

- Outline goals

- Indicate anticipated economic impact to Licking County

- How will results be measured

- Anticipated attendance/participants this year

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- Estimate the number of people who will come from outside of Licking County to participate
- Estimate the number of overnight stays for attendees/participants
- List any additional sponsors

Marketing, Advertising and Promotion

Feel free to include samples of past promotional efforts and any resulting publicity.

- Outline methods of promotion for event/project.

The Participant agrees to acknowledge Explore Licking County grant support in all promotion and publicity for the event, project or program for which the grant funds are to be used.

The following credit shall be used:

Supported in part by a grant from Explore Licking County.

Furthermore, the Explore Licking County logo and accompanying advertising tag line must be displayed on printed materials funded through the tourism grant. The logo and tag line may also appear in video advertising or promotion for the event/project. Organizations receiving tourism grant dollars agree to include the Explore Licking County logo and a link to the Explore Licking County web site not more than one “click” from their organization’s home page. (If applicable).

Overall Budget for this Project

Income – Revenue & Support

Other Support/Grants	\$
Revenue	\$
Other	\$
Total Income: \$	

Expenses

Personnel	\$
Administration/Operations	\$
Outside Fees	\$
Marketing/Promotion*	\$
Other	\$
Total Expense: \$	
Amount of grant request: \$	

* Please indicate how Tourism Development Grant funds will be spent:

Final report must include copies of all invoices covering the cost of marketing, advertising and promotion funded by this grant.

Applicant Signatures

Authorized Official's Signature

Name	Title	Date
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Board President's or other Organization Officer Signature

Name	Title	Date
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All applications must be in the Explore Licking County office by March 6, 2017
Please mail, hand deliver or email to:

**Tourism Marketing Grant Program
Explore Licking County
455 Hebron Rd, St. Rt. 79
Heath, OH 43056**

dan@explorelc.org

**Explore Licking County
2017 Tourism Marketing Grant Program
APPLICATION FOR ADVANCE PARTIAL PAYMENT**

Recipients may receive an advance partial payment of as much as 50% of the total grant prior to completion of the special event, project or program. Please type or print legibly and complete all information.

Name of special event, project or program: _____

Date of special event, project or program: _____

Total Approved Grant Funding: \$_____

Amount of partial payment requested \$_____ Date Requested_____

Date partial was paid by ELC _____

Balance due upon successful completion of process and event \$_____

Date final payment was made by ELC to partner_____

Recipient Signatures

Authorized Official's Signature

Name	Title	Date
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Board President's or other Organization Officer Signature

Name	Title	Date
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Please mail, hand deliver or email to:

Tourism Marketing Grant Program
Explore Licking County
455 Hebron Rd, St. Rt. 79
Heath, OH 43056

dan@explorelc.org

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- Estimate the number of people who came from outside of Licking County to participate:
- Estimate the number of overnight stays for attendees/participants:
- List any additional sponsors:

Marketing, Advertising and Promotion

Feel free to include samples of promotional efforts and any resulting publicity.

- Outline executed methods of promotion:
- Outline executed plan that targeted areas outside Licking County:
- Indicate how ELC received credit for assisting in funding of this special event, project or program:

Overall Budget

Actual Income – Revenue & Support

Tourism Grant	\$
Other Support/Grants	\$
Revenue	\$
Other	\$
Total Income:	\$

Actual Expenses

Personnel	\$
Administration/Operations	\$
Outside Fees	\$
Marketing/Promotion	\$
Other	\$
Total Expense:	\$
Amount of grant funding:	\$

- Please indicate how Tourism Marketing Grant funds were spent:

Final report must include copies of all invoices covering the cost of marketing, advertising and promotion funded by this grant.

Recipient Signatures

We certify that the facts documented in this report are true, and that funds granted by Explore Licking County were spent as stipulated in the Grant Agreement.

Authorized Official's Signature

Name	Title	Date
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Board President's or other Organization Officer Signature

Name	Title	Date
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