

FRANKLIN COUNTY DESTINATION DEVELOPMENT & MARKETING PROGRAM

PROGRAM APPLICATION

Through the Franklin County Destination Development & Marketing Program (DDMP), the Franklin County Local Development Corporation (FCLDC) provides grants to municipalities, non-profit organizations and businesses to undertake or support projects and activities that increase recreational, tourism or cultural visits to the county or that enhance the visitor experience. The Program is funded by FCLDC and Franklin County occupancy tax revenues.

Visit www.franklinida.org/destination-development-marketing-program to find guidelines, additional instructions, a link to the online submission form, and contact information. This is a competitive grant program and the purpose of this application is to collect the information necessary to determine whether a proposed project (1) has the potential to make a meaningful impact on program goals, (2) can meet program criteria and minimum requirements, and (3) scores high enough compared to other proposed projects to be awarded funding. It is the responsibility of the applicant to provide accurate and complete information within this application.

Applicants must schedule an in-person meeting with FCLDC staff prior to submitting an application and must receive approval to submit an application before a project will be considered for funding. Upon notice of funding award the applicant must work with FCLDC to complete project design and scope, finalize budget, obtain necessary approvals, and complete contracts.

Application Submission Instructions

1. Applications must be completed as a fillable .pdf using Adobe Acrobat, Adobe Acrobat Reader or another compatible application that includes an electronic signature tool. Adobe Acrobat Reader DC may be downloaded for free at <https://get.adobe.com/reader/>. Handwritten applications will not be accepted.
2. The signature field in the Certification Section must be completed using the Fill & Sign Tool in Adobe Acrobat, equivalent tools available in other applications, or hand-initialed, hand-signed, and scanned.
3. The application form and all attachments must be submitted via web form at <https://tinyurl.com/yxfvbgfg>. The web form allows attachments to be uploaded separately. All attachments must be uploaded in .pdf format.

GENERAL INFORMATION

Instructions: Complete all applicable fields.

Organization or Business Name, if applicable:

Applicant Name or Contact Person Name, if organization:

Address:

City:

State:

Zip:

Phone 1:

Type:

Phone 2:

Type:

Email:

Project Location, if applicable:

Address:

City:

State:

Zip:

PROJECT DESCRIPTION

Instructions: Describe your project in detail including:

- *What you are proposing to do (e.g. build something, hold an event, purchase equipment, etc.)*
- *Generally describe the amount of grant funds you are seeking and how the funds will be used to do what you are proposing*
- *Why this grant funding is necessary to accomplish your project and what it would mean to you*

SCORING CRITERIA

Instructions: Please refer to the Fund guidelines for detail on scoring. This is a competitive grant program and the project will be scored and ranked against scoring criteria. Projects will be scored on (1) **Project Impact**, (2) **Project Alignment**, (3) **Project Quality**, (4) **Alignment with Local & Regional Plans Readiness**, and (5) **Project Budget**.

In the sections below, describe in detail how the project promotes or contributes to each scoring category and meets category criteria. Attach additional pages if necessary.

PROJECT IMPACT

How does your project:

- *Generate amenities and quality of life improvements for the local community?*
- *Expand on, complements, and enhances existing tourism-related amenities and offerings?*
- *Increase visitation, especially overnight visits, or enhances the visitor experience?*
- *Generate economic benefits (e.g. increased sales, lodging revenue growth, occupancy tax revenues, sales tax revenues, etc.)*
- *Benefit local businesses through purchases of local products and services?*
- *Identify performance measures for project impacts above? (i.e. How do you plan to track impact? How will you measure outcomes (“We expect to increase attendance by...” “We will expand our reach to xxx persons in xxx market...”, “We expect to bring xxx visitors, xxx of them overnight.”)*

PROJECT ALIGNMENT

How does your project:

- *Align and integrate with local, regional and state destination development and destination marketing priorities, plans, goals, and strategies?*
- *Align with community and regional brand, culture, and environment?*
- *Not duplicate or replace existing regional or local destination marketing efforts?*

PROJECT QUALITY

Does your project:

- *Represent a new activity, event or physical improvement or clear expansion of existing activity, event or physical improvement?*
- *Replace normal business marketing or routine maintenance?*
- *Have a plan to maintain the project over time?*
- *Demonstrate a commitment to providing a high-quality product, service, or experience?*
- *Create an unfair competitive disadvantage to other local businesses?*
- *Have a reasonable project timeline to be completed in less than one year?*

PROJECT BUDGET

- Please refer to the Fund guidelines for eligible expenses.
- Minimum award amount is \$500. Maximum award amount is \$5000
- Grants cannot exceed 50% of the total project cost.
- You may attach a separate budget, but it must be broken down into these categories and include the information requested below.

Budget evaluation criteria:

- Is the project financially and organizationally sustainable
- The amount of match as a percentage of total project cost
- Evidence of match and resources to complete projects
- Clear budget of project costs

Budget Component	Estimated Cost
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
Total Project Cost:	
Grant Request:	
<i>(Total Project Cost – Grant Request)</i> Applicant Match:	
<i>(Grant Request / Total Project Cost; cannot exceed 50%)</i> Grant Request Percentage:	

Additional Budget Notes:

PROJECT TIMELINE

Instructions: Provide a project timeline. List each major milestone and the month it will completed. Provide additional explanation as necessary.

Milestone	Completion Date
1.	
2.	
3.	
4.	
5.	

Explanation:

ATTACHMENTS

Instructions: Attach any documentation that supports the application. Attachments may be uploaded as separately or combined but all attachments must be uploaded in .pdf format.

Information that may be submitted with application (Check all that apply):



Business or Marketing Plan (if applicable)

Cost estimates for any components of proposed project budget

Pictures or plans for project (if applicable)

Letters of support (if applicable, not required)

Additional pages for application questions (*label each by question #*)

Other:

CERTIFICATION

I hereby certify that all information, which has been or will be furnished in support of this application, is given for the purpose of obtaining funds through the Franklin County Destination Development & Marketing Program and that all information submitted has been examined and approved by me and is true, correct, and complete. I understand that this information will be used to assess and rank my proposed project in accordance with funding criteria. I agree to abide by all requirements to be set forth in connection with said program and the penalties and provisions of all applicable local, state, and federal laws pertaining to falsification of any item contained herein or fraudulent misrepresentation of my business. I understand that this is a competitive award program and that my project may not be awarded funding. I agree that verification of any information contained herein may be obtained.

I also hereby certify that to the best of my knowledge, neither I nor my spouse, child, close relative, general partner, or any organization for which I am serving as an officer, director, trustee, general partner or employee, has a financial interest in or with the Franklin County Local Development Corporation, or in or with any person that will have decision making authority with regard to this grant request.

I further certify to the best of my knowledge that this application, if it is approved, will not affect the financial interests of any member of my household; no relative with whom I have a close relationship; no one with whom my spouse, parent or dependent child has or seeks employment; and no organization with which I am seeking a business relationship nor which I now serve actively or have served within the last year.

I also acknowledge my responsibility to disclose the acquisition of any financial or personal interest as described above that would be affected by the matter, and to disclose any interest I, or anyone noted above, has in any person or organization that does become involved in, or is affected at a later date by, the conduct of this matter.

Use Fill & Sign Tool to add signature here

Applicant Name

Applicant Signature

Date