BUCKS COUNTY

TOURISM GRANT PROGRAM

Grant Application
Applicant Information
Name of Organization Applying:
Chief Officer of Organization:
Organization's Street Address:
City:
State:
Zip:
Website:
EIN Number:
Organization Status:
• Nonprofit
• For-profit
Organization Type:
• Attraction
Business Association
Arts and Culture
• Event Venue
• Food & Beverage
• C Lodging
Museum/Historic Venue

Historical Societies
Performing Arts Venue or Group
• Retail
• Other:
Organization has been in business for more than one year.
• Yes
• O No
Contact Information
Primary Contact (Individual Submitting Application). Suffix:
First Name:
Last Name:
Title:
Phone:
Email:
Program Director (Individual designated for grant program implementation, if different from above). Suffix:
First Name:
Last Name:
Title:
Phone:

Email:
Project Description and Specifics
Briefly describe your organization and its mission.
▼ ▼ ▶
Project name and brief description with goals. Each applicant may only submit one application containing <u>one</u> project.
Detail specifically how the grant funding will be used.
How does this project accomplish your organization's mission?
▼ 4
Key Performance Measures
What are the key performance indicators to measure the project's success?

Describe how your organization will measure and track the project's impact on tourism (methods for tracking may include audience reach, attendance numbers, room nights booked.)

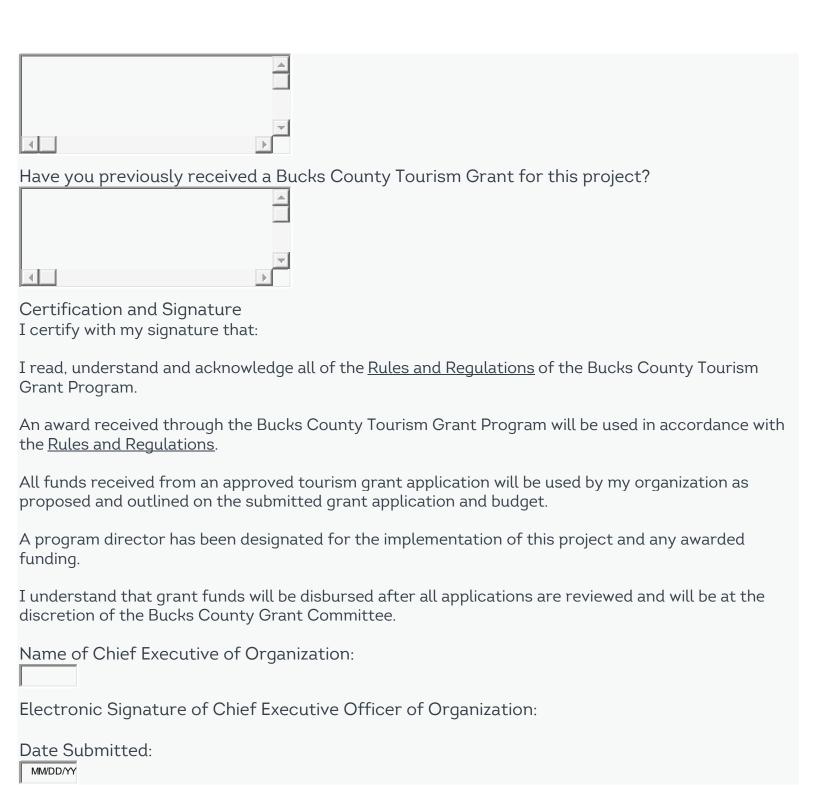
Tourism Impact
Tourism Impact
Describe the project's benefit to the local, Bucks County economy.
▼ •
How will this project increase or enhance visitation to Bucks County?
▼ •
Approximate number of visitors impacted.
Project's impact on area accommodations and hospitality businesses.
<u> </u>
Project Type (select all that apply to your project):
• Capital improvements (not applicable to for-profit organizations)
Marketing and Promotion
• Special Programs, Events & Exhibits / Sports Tournaments
New or Enhanced Product Development
How will these improvements enhance the visitor experience at your location?



For sport tournaments, what sponsorship benefits will be provided if your tournament is awarded funding?
Explain how your project fits into the current tourism and events landscape. Is there a need for this kind of program/event?
Do you have a business plan for this project?
▼ ▶
If applicable, has a feasibility study been conducted? If yes, please submit with application as an attachment.
How can your organization demonstrate the ability that this project will be sustainable and financially and conceptually viable?
Will this project create new jobs? If so, how many?
Grant Request and Funding

Grant Request Amount.

\$ 0.00
Total Project Cost. \$ 0.00
List the sources for the required matching funds. See <u>Rules and Regulations</u> for allowable matching funds.
Detail any additional funding sources that will support this project.
Have these funding sources been secured? If no, please explain.
▼ •
When is the grant funding needed?
When will the grant funding be expended?
If your request cannot be fully met, would the project need to be adapted to be completed? If so, how?



BUCKS COUNTY TOURISM GRANT PROGRAM

Budget Worksheet
Name of Organization:
Project Title:
Email:
Today's Date:
Grant Request Amount:
Total Project Cost:
Anticipated Total Project Expenses Please list all project expenses below.
Below expenses requested by the Tourism Grant Program must be in accordance with the terms set for in the Rules and Regulations.

	Description of Anticipated Project Expenses	Amount	Requested Amount from Tourism Grant Program		
1		\$	\$		
2		\$	\$		
3		\$	\$		
4		\$	\$		
5		\$	\$		
Total		0	0		
Subtotal of Anticipated Project Expenses Subtotal of Anticipated Project Expenses Requested from Tourism Grant Program Total expenses requested by the Tourism Grant Program must be in accordance with the percent match as set forth in the Rules and Regulations. \$					
Anticipated Project Fur Please list all funding sou	nding rces for this project (if applicable.)				

	Description of Anticipated Revenue/Income	Amount	Secured (Yes/No)
1		\$	
2		\$	
3		\$	
4		\$	_
5		\$	•
Total		0	

Subtotal of Anticipated Project Funding (if applicable)