

**Visit Bucks County
Tourism Grant Program**

Application for Grant

Our organization hereby makes application for a grant from the VBC Tourism Grant program. We are a non-profit organization that is a Marketing Partner of the Bucks County Conference and Visitors Bureau.

Name of Organization Applying:

Purpose of Grant:

Amount of Requested Grant:

**Project, Plan or
Event Total Cost:**

**Program Director/
Contact Person:**

Organization's Address:

City, State, Zip:

Phone:

Fax:

Website:

E-mail:

- Applications must be received in our office, by the close of business, on April 1 and October 1. Postmarks are not acceptable. If the date falls on a weekend, then the applications are due by close of business Monday.

1. Use this page to outline the details of the project or program. Explain how the project or program will promote tourism in Bucks County by attracting visitors from outside Bucks County.

2. **Explain anticipated visitorship, audience profile, market exposure, and benefit to the county's tourism industry. Explain how you will market your attraction or event to visitors from outside Bucks County.**

- 3. Explain or provide a budget profile of the funds with which you propose to support our grant. Please include documentation. Indicate when you will need the grant funding.**

- 4. Please provide any other information about your application that you think the committee would find useful.**

I hereby certify that our organization, if awarded a grant, agrees to the terms and conditions set forth in the tourism grant guidelines.

We have designated a "Program Director" and indicated his/her name on page one of this application.

We agree that all funds received from a successful tourism grant application will be used by our organization as proposed within twelve months of grant notification unless extended by the grant panel.

We understand that grant funds will be disbursed after all grants are approved and will be at the discretion of the Grant Committee. A closeout report will be required at the end of the event.

Our organization has insurance coverage, which is appropriate in light of our organization's activities and shall provide proof of this insurance to the Bureau upon request. Additionally, if the Bureau shall determine within its sole discretion that, in light of the intended use of the grant proceeds, it is in the best interests of the Bureau to require that our organization cause our insurer to add the Visitors Bureau as an additional insured on the relevant policy, our organization shall comply with such a request.

Our organization shall hold harmless Visit Bucks County and the County of Bucks, their staffs, Marketing partners, and board of directors from any losses incurred as a result of any legal action brought in connection with the use of the tourism grant funds or in connection with any matter related to the tourism grant process.

Name of Chief Executive of Organization: _____

Signature of Chief Executive of Organization: _____

Date: _____

Visit Bucks County
Please attach the following information with your application.

- Provide a list of your organization's officers.
 - Provide a copy of your organization's principal marketing piece or brochure.
 - Provide a copy of your most recent Annual Report and/or audit.
Provide a copy of your 501-C3 or C6.
- Also if applying for more than one grant, in different categories of your program, only one cover letter and one application is necessary with proper documentation for the requested grants within the application.

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Please return your application with attachments to:

Paul Bencivengo, President/COO
Visit Bucks County
3207 Street Road
Bensalem, PA. 19020
Call Paul Bencivengo at 215-639-0300 ext.230 with any questions