Visit Bucks County Tourism Grant Program

Application for Grant

Please fill out the below information and submit to the Visit Bucks County office by 5:00pm on the deadline date. Postmarks are not acceptable. If the date falls on a weekend, then the applications are due by close of business Monday.

Applicants utilizing this hard copy application and submitting by mail must also fill out the applicant information section of the web application and hit submit. The web application can be found at www.VisitBucksCounty.com/grants.

Name of Organization Applying:
Purpose of Grant:
Amount of Requested Grant:
Project, Plan or Event Total Cost:
Program Director/ Contact Person:
Title:
Phone:
Email:

Secondary Contact:

tle:	
none:	
mail:	
rganization's Address:	
ty, State, Zip:	
ebsite:	
N Number:	

OPEN-ENDED QUESTIONS:

I. Please 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.					

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

3. Explain or provide a budget profile of the funds with which you propose to support the grant. Please include documentation. Indicate when you will need the grant funding and any additional anticipated funding for the project.						

	your applica	

SIGNATURE:

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

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

I agree that all funds received from a successful tourism grant application will be used by my organization as proposed within twelve months of grant notification unless extended by the Bucks County Grant Committee.

I understand that grant funds will be disbursed after all grants are approved and will be at the discretion of the Bucks County Grant Committee. I agree to submit a closeout report by the end of my event.

My organization has insurance coverage and shall provide proof of this insurance to Visit Bucks County upon request. Additionally, if Visit Bucks County determines within its sole discretion that, it is in the best interests of Visit Bucks County to require that my organization cause the insurer to add the Visit Bucks County as an additional insured on the relevant policy, my organization shall comply with such a request.

My 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 Or	ganization:	
Date:		

Bucks County Tourism Grant Program

Please attach the following information with your application:

- List of your organization's officers
- Copy of your organization's principal marketing piece or brochure
- Copy of your most recent Annual Report and/or audit
- Copy of your 501-C3 or C6.
- Budget documentation.

Only one cover letter and application is necessary if applying for more than one grant in different categories, as long as proper documentation for the requested grants are listed within the application.

Please return your application with attachments to: Kelley Keeling, Visitor Experience and Partner Outreach Manager Visit Bucks County 3207 Street Road Bensalem, PA 19020 Call Kelley Keeling at 215-639-0300 ext. 240 with any questions