

# CASPER AREA IMPACT GRANT

APPLICATION

VISIT *Casper*

CITY OF  
*Casper*  
W Y O M I N G

FUNDED BY VISIT CASPER & THE CITY OF CASPER

# CASPER AREA IMPACT GRANT APPLICATION

## GRANT OVERVIEW

Funded by Visit Casper and the City of Casper, the Casper Area Impact (CAI) grant program is designed to assist Natrona County non-profit organizations with producing events and projects that drive economic impact, bring people to the community, and improve quality of life for Natrona County residents.

It is the intent that all funds and/or support received through the CAI grant program provide a direct economic impact to Natrona County, as opposed to fundraising events which provide a more indirect benefit. Therefore, the CAI grant committee will show preference to non-fundraising events. Furthermore, organizations that show the greatest impact and need will be given greater consideration. Request for funding will be divided into three categories: cash, in-kind staffing and services and facility rentals.

There is no minimum or maximum amount that can be requested, however the average cash award with this program is \$2500; the average in-kind of City services or facilities is 50%.

*Example: if your event loses money or breaks even, typically you will qualify for greater in-kind services from the City of Casper. If your event is profitable, the maximum amount you can receive in in-kind is 50%. You may not use funds from the CAI Grant Program to pay for the other 50% of the in-kind expense from the City.*

Grants are only available to non-profit organizations in Natrona County.

Funds and services awarded are to support events that occur July 1, 2022, through June 30, 2023.

**Please submit your applications before the deadline either in person or through regular mail to Visit Casper – CAI Program, 139 W. 2<sup>nd</sup> Street, Suite 1B, Casper, WY 82601. All applications are due May 15th by 12:00pm (noon). Funding is limited and late applications will not be accepted.**

## GRANT DECISIONS & FUNDING CRITERIA

All funding requests will be reviewed, analyzed, and scored against 5 major criteria:

- Room Nights: The event generates overnight stays in Natrona County lodging facilities. The more room nights generated, the higher the score.
- Seasonality: The event generates overnight stays during shoulder and off-peak season. (Generally, between October and February)
- Impact: The event has the high potential of not only offering a positive return on investment, but it also generates commercial, economic, and social benefits that will be realized by the community.
- Retention: Points may be awarded to retain and grow the event

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- Miscellaneous: Points may be awarded at the discretion of the Grant Review Committee for criteria such as idea presentation, event history, reporting history, number of funding partners, program sustainability, number of years funding has been requested, etc.

Events held prior to the committee's review of the corresponding grant application are not eligible for grant funds. The amount of an approved grant may be modified at the committee's discretion. The grant committee will review applications and send notice of awards the first week of June. Applicants will be asked to address the grants committee during the review process. All deadlines are the applicant's responsibility to remember.

## ELIGIBLE/IN-ELIGIBLE EXPENSES

**Eligible advertising mediums** include brochures, posters and promotional fliers, billboards, magazine/newspaper advertising, radio/TV advertising, travel trade shows (booth fees, registration fees and materials production), websites and email/digital marketing.

**Eligible event expenses** include event invitations/stationary, registration forms, entertainment, speakers/presenters, rental equipment, space/venue rental, programs, brochures, posters, and refreshments.

**Exceptions:** Grant funds may NOT be used for postage/phone, event programs for on-site use only or sold for profit, alcoholic beverages, in-kind contributions and/or sponsorships, capital projects or purchases, salaries, or anything

contrary to Federal or State law or local ordinance.

## REQUIRED VISIT CASPER AND CITY OF CASPER RECOGNITION

The committee will require recognition for its financial participation as follows:

- Audible identification as Visit Casper and the City of Casper on all radio advertising.
- Logo and/or audible identification as Visit Casper and the City of Casper on all TV advertising.
- The Visit Casper and City of Casper logo and website address on all printed materials including print media, brochures, posters, flyers, registration forms, magazine/newspaper advertising, etc.
- Link to [www.VisitCasper.com](http://www.VisitCasper.com) and [www.CasperWY.gov](http://www.CasperWY.gov) on website.
- Listing on credits for audio-visual presentations.
- Visit Casper and City of Casper logo on billboards.
- Visit Casper and City of Casper banner at event site.
- Advertising in event program relative to investment.
- Logo and website address on t-shirts if sponsors are recognized this way.
- Recognition in digital and other online marketing as available.

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Visit Casper and the City of Casper will provide applicants with the appropriate materials for recognition upon request.

*Note: If your organization receives support, your organization must be willing to share a participant list (database) prior to the event for audience profiling/targeting. This information will be kept confidential and will only be used in re-targeting to grow event participation and awareness.*

## REPORTING

Within 60 days of completion of the project/event, the applicant will submit to the satisfaction of the committee:

- A completed Project Report & Evaluation Form (included with written approval notification)
- A completed Hotel Tracking Form (included with the application)
- Copies of all advertising utilizing the Visit Casper and City of Casper logo and website address
- Copies/photos of recognition given Visit Casper and the City of Casper (i.e., website link, banner, reader board, brochures, online marketing, etc.)
- Invoices and proof of payment for all grant fund expenditures
- Other materials produced with the cooperation of committee funds will be disbursed upon completion of the project and receipt of the Project Report & Evaluation Form and the Hotel Tracking Form.

In unique instances and at its discretion, the committee may disburse approved funds prior to the event/project upon written agreement to provide follow-up reporting requirements.

The committee will consider the CAI grant application null and void if the applicant does not submit the Project Report & Evaluation Form and Hotel Tracking Form to Visit Casper within the reporting timeframe. There is no grace period for the final report and the committee does not send reminders.

# CASPER AREA IMPACT GRANT APPLICATION

Date: \_\_\_\_\_

Organization Name\* \_\_\_\_\_  
\_\_\_\_\_

Main Program Contact\* \_\_\_\_\_  
\_\_\_\_\_

Role/Title Within the Organization\*  
\_\_\_\_\_  
\_\_\_\_\_

Phone\* \_\_\_\_\_

Email\* \_\_\_\_\_

Website\* \_\_\_\_\_

Address\* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Street Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

ZIP / Postal Code \_\_\_\_\_

EIN#\* \_\_\_\_\_

Tax Exempt #\* \_\_\_\_\_

What best describes your organization: (Please check one)\*

501(c) 3

Nonprofit Organization Registered with the Secretary of State

## EVENT DETAILS

Event Name\* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Location\* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Years in Existence\* \_\_\_\_\_

Date of Event\* \_\_\_\_\_

How many days will the event last?\* \_\_\_\_\_

Total Funds Requested\* \_\_\_\_\_

Has this event been funded by Visit Casper or the City of Casper before?\*

Yes  No

Have all the proper permits been awarded?\*

Yes  No

(If no, please explain:)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is the event insured?\*

Yes  No

Please provide the name of the insurance policy provider and policy number

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# CASPER AREA IMPACT GRANT APPLICATION

Festival/Event Description\*

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Marketing/Action Plan\*

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Describe how the festival/event will drive economic impact in Natrona County. Please be sure to quantify the estimated number of visitors and overnight stays that will be generated specifically by this activity, as well as any other commercial, economic and social benefits that will be realized by the community. Please estimate the percentage of attendees that will come from outside of Natrona County.

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# CASPER AREA IMPACT GRANT APPLICATION

Please answer the following questions:

Have you selected a host hotel? \*

Yes  No

*If no, please use \$80.00 in the "Room Rate" area of the formula below.*

If no, would you like Visit Casper to help find a host hotel?

Yes  No

If yes, please list your host hotel here

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What is the contracted daily room rate?

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Will you be receiving a room rebate?

Yes  No

If yes, what is the rebate amount?

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How many sleeping rooms will be needed to accommodate event attendees?\*

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Will you be receiving any complimentary rooms?\*

Yes  No

If yes, how many?

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How many nights will you need sleeping rooms?\*

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Contracted Room Rate \$

\_\_\_\_\_

– (less room rebate, if applicable)

\_\_\_\_\_

x No. of Room Nights (Sleeping rooms less complimentary rooms x number of nights)

\_\_\_\_\_

= Total Lodging Revenue \$

\_\_\_\_\_

x .04 = Total Lodging Tax Collected

## BUDGET

ORGANIZATION BUDGET\*: Please attach a financial statement or general operating budget for your organization. (This is not the specific budget for your event.)

SPECIFIC EVENT BUDGET\*: Please attach a specific budget for your event.

EVENT BUDGET HISTORY\*: Please attach an event budget history.

## USE OF GRANT FUNDING\*

Please provide details about how you intend to use your grant funding, if approved.

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# CASPER AREA IMPACT GRANT APPLICATION

Have or will funds be requested elsewhere?

\_\_\_ Yes \_\_\_ No

If yes, list below:

Organization: \_\_\_\_\_

Amount: \_\_\_\_\_

Approved: \_\_\_ Yes \_\_\_ No

Organization: \_\_\_\_\_

Amount: \_\_\_\_\_

Approved: \_\_\_ Yes \_\_\_ No

Organization: \_\_\_\_\_

Amount: \_\_\_\_\_

Approved: \_\_\_ Yes \_\_\_ No

Organization: \_\_\_\_\_

Amount: \_\_\_\_\_

Approved: \_\_\_ Yes \_\_\_ No

Organization: \_\_\_\_\_

Amount: \_\_\_\_\_

Approved: \_\_\_ Yes \_\_\_ No

Organization: \_\_\_\_\_

Amount: \_\_\_\_\_

Approved: \_\_\_ Yes \_\_\_ No

Any other information you'd like to share about your event?

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PLEASE SIGN AND DATE

Full Name

\_\_\_\_\_

Date \_\_\_\_\_

Please Leave This Section Blank

Received by:

\_\_\_\_\_

Date \_\_\_\_\_