

Flagler County
Tourist Development Council



**FUND 109 – Capital Project Funding Program (CPFP)
APPLICATION**



FUND 109 - CAPITAL PROJECT FUNDING APPLICATION PACKET

SECTION A: GENERAL INFORMATION

The following are instructions for the Flagler County Tourist Development Council (TDC) Capital Projects Funding Program. It is very important to follow all instructions and to provide ALL requested support materials. Please read the application in its entirety. Applications must be typed and every question must be completed in the application, or type "n/a" if a question is not applicable to you. A completed and signed checklist, application, and supporting materials must be submitted by the deadline date.

Important: All applicants are encouraged to meet with staff to review guidelines and application requirements prior to submission.

TIME LINE

May 10, 2021	TDC Capital Project Funding Program Guidelines and Application go live on www.VisitFlagler.com website
June 7, 2024	Deadline for Application Submittal
July 24, 2024	Applicant Presentations for TDC Approval/Denial
August 19, 2024	BOCC Approval/Denial of Applications

INSTRUCTIONS

Please read and complete this Application in its entirety. Type "n/a" if a question is not applicable to you.

To be considered for funding, this application and all supporting materials must be received by deadline date by mail and by email.

Mail hard copy to:

Flagler County Tourism Development Office
120 Airport Road, Suite 3
Palm Coast, FL 32164
Attn: Amy Lukasik, Executive Director

Email pdf copy to:

Amy Lukasik, Executive Director ALukasik@VisitFlagler.com

CHECKLIST FOR APPLICATION SUBMISSION

- Completed Application with All Attachments
- Estimated Project Budget
- Marketing/Advertising Plan
- Authorized Agent
- Logo Usage Requirement
- Vendor Information Form
- W-9 Form

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SECTION B: APPLICATION

To Be Completed by TDO Staff			
Application Received:	_____	TDO Staff Received:	_____
TDC Approved:	_____	BOCC Ratified:	_____

GENERAL INFORMATION

Organization Legal Name _____

Street Address _____

City/State/ZIP _____

FEIN # _____

Website _____

Authorized Agent Name _____

Title _____

Phone _____

Email _____

Capital Project Information:

Project Name/Title: _____

Estimated Project Time Start Date _____

Estimated Project Time Start Date _____

Total Estimated Project Cost: _____

Total Amount of Funding Requested: _____

APPLICANT INFORMATION

Type of Organization:

- A local government organization located in Flagler County
- An organization that is a not-for-profit and open to the public located in Flagler County. How long in existence? _____

Identify the statutorily eligible Capital Project (per FS125.0104) for which you are applying:
Capital funds will be used for the (check all that apply):

- | | |
|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> Acquisition | <input type="checkbox"/> Remodel; |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Repair |
| <input type="checkbox"/> Extension | <input type="checkbox"/> Improvement |
| <input type="checkbox"/> Enlargement | |

Has this organization received Capital Improvement funds from the TDC before?

- No
- If Yes, please provide the total amount received, name of project, year applied, and year project was completed:

- The Project Completion Report has been submitted for prior funding. If not, please explain:

Will applicant be able to demonstrate tourism economic impact and/or a high promotional benefit from the project?

- No
- Yes

CAPITAL PROJECT DETAILS

Owner _____

Project/Facility Name _____

Street Address _____

City/State/ZIP _____

Facility will be: _____

- Local government owned and operated
- Owned and operated by a not-for-profit organization and open to the public

Land is owned by _____

Land use is approved for _____

Land is Leased by _____

If Leased – Lease Period Ends _____

Land Value _____

Are Special Approvals Needed _____

- Historical
- Environmental
- Governmental
- Other: _____

Are there any third party contingencies? _____

TOURISM ECONOMIC BENEFIT OF PROJECT/FACILITY

Please provide a brief narrative of the plan for this project to generate room nights in Flagler County (if applicable).

On average, how many months per year will the Project be utilized?

_____ Utilized for Tourist
_____ Utilized for Residents

For those months, how many average days per month will the Project be utilized?

_____ Utilized for Tourist
_____ Utilized for Residents

Are any segments of your target audience(s) tax exempt?

Estimated Hotel Room Nights. This is the number of room nights generated annually for the first three (3) years after the Project opens. If the Project is an expansion to an existing facility, please only include those room nights resulting from the development of this Project.

	1 st Year	2 nd Year	3 rd Year
Projected Room Nights	_____	_____	_____
Average Nightly Room Rate	_____	_____	_____

How do you intend to provide a valid estimated count of attendance and/or room nights for this facility/venue?

Describe and/or provide any studies or reports undertaken to determine the feasibility of the current proposed Capital Project.

Describe in detail how the project will be sustained beyond initial funding period. Identify efforts, funding and plans that have been made for suture sustainability.

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Is this project subject to any governmental fees and taxes that are generated by the Capital Project?

No

Yes, please explain _____

How will this project significantly raise the community's tourism profile and overall image?

FEASIBILITY OF PROPOSED PROJECT/FACILITY

What is the mission statement of your organization? Mission statements should be one or two sentences.

What are the goals for the project? Goals are statements about the future for your tourism endeavor. These should be measurable through quantitative data.

What are the objectives for the project? Objectives are steps you take to accomplish your goals.

Provide an estimated detailed timeline for the project?

Who will be responsible for operating costs and maintenance of the project when complete?

How will these costs be covered?

Does the project have any user fees or is it free to the public?

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How will you evaluate and measure the success of the project?

If this is an existing facility, please provide any prior event history and details that would have an impact on tourism.

Are you able to match the amount of funding requested from the TDC in the form of cash?

- Please attach detailed estimated costs and all sources of funding for the project
- Please include any schematics, site plans, or images related to the project.

QUALITY AND UNIQUENESS OF PROPOSED PROJECT/FACILITY

Identify the need that the project will serve and how this project will provide a unique benefit to Flagler County?

What similar facilities/projects exist in the community and region that may impact the success of this project?

If others exist, where is it located and why is a duplicate facility/project needed?

**COMMITMENT TO THE EXPANSION OF FLAGLER COUNTY
TOURISM**

Provide a marketing plan that outlines strategy, tactics, target audience and budget amount that will be used to promote the project after completion.

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How will this project reach new audiences and increase awareness of Flagler County?

Does this project align with the three pillars of the current tourism strategic plan?

What is the valuation of the Marketing and/or Sponsorship benefits to be provided to the TDC?

Identify any partner organizations involved in the planning process or who may be involved after project completion. Include what role they may serve and any resources they may contribute.

SECTION C: FORMS

- Marketing/Advertising Plan
- Authorized Agent
- Logo Usage Requirement
- Vendor Information Form
- W-9 Form

Authorized Agent Acknowledgements

Applicant is required to meet the original commitment to the overall economic impact of Flagler County as stated at the time of application. Failure to meet reporting requirements will disqualify applicant for reimbursement.

I, the applicant or Authorized Agent of the organization requesting TDC funds, acknowledge:

_____ I have reviewed the Capital Project Funding Program guidelines and completed this application requesting funds for my Capital Project. To the best of my knowledge and belief, the information contained in this application and its attachments is accurate and complete. If funds are awarded, I agree to follow all Capital Project Funding Program guidelines.

_____ All documentation provided at the time of application and upon request for reimbursement, is subject to verification and additional documents may be requested in addition to those in this application.

_____ Grant funds will only be awarded after completion of a Final Status Report including all Quarterly Reports and Project Completion Form.

_____ All future signage and media, including digital communications and websites and programs, publications and other printed materials will include recognition of support from Flagler County Government and the Tourism Development Office. Recognitions will include the TDO's logo as best suited to the collateral design, and at a size that is legible. Verbiage for acknowledgement is as follows: "This project is funded in part by Flagler County Government Tourism Development Office".

_____ Understand the expected completion date of the Capital Project for which we are requesting funds is within one (1) year from the initial approval from the BOCC and quarterly updates are required reporting of project progress.

_____ A representative of my organization is required to make a presentation to the TDC and the BOCC for the funding request.

_____ If my organization is awarded funds we will be required to enter a legally binding funding agreement with the County setting forth terms, conditions, timelines and deliverables associated with the grant request.

_____ I understand funding requests will be determined at the sole discretion of the TDC & BOCC and this application is not guaranteed.

Authorized Agent Signature

Date

Received by TDO:

TDO Representative

Date

Capital Project Funding Program

Logo Usage Requirements

For projects funded in part by this grant, the applicant/facility operator must acknowledge Flagler County Government and the Tourism Development Office in all future signage and media, including digital communications and websites and programs, publications and other printed materials.

Acknowledgements will include the TDO's logo as best suited to the collateral design, and at a size that is legible.

Verbiage for acknowledgment is as follows:

“This project is funded in part by Flagler County Tourism Development Office”.



I, _____, understand the requirements put forth by the TDC for use of the TDC logo on all advertising put out into the marketplace related to the Capital Project application I am requesting funds for. I also understand that this is a mandatory requirement to obtain the grant funds I am applying for, and failure to utilize the aforementioned logo and web address will result in the loss of requested TDC funds.

Signature

Date

Palm Coast and the Flagler Beaches

Date



FLAGLER COUNTY BOARD OF COUNTY COMMISSIONERS PURCHASING DEPARTMENT

VENDOR INFORMATION FORM

Name of Business Entity or Individual:

Doing Business As (DBA) Name; Registered Fictitious, Trade or Assumed:

Tax ID Number: _____ FEIN SSN/ITIN OTHER

Website: _____

Company/Corporate Address:

Address: _____

City: _____

State: _____ Zip: _____

Phone: _____ Fax: _____

Payment Address (if different from above):

Address: _____

City: _____

State: _____ Zip: _____

Accept Credit Card? Yes ____ No ____

Check any special business classifications that apply to your business. Classifications are subject to approval.

____ Local Vendor Preference

____ Women/Minority Business Enterprise

Certificate of Insurance attached? Yes ____ No ____

W9 attached? Yes ____ No ____

(W9 form and instructions can be found here www.irs.gov/pub/irs-pdf/fw9.pdf)

PURCHASING USE ONLY

Vendor No: _____ Input by: _____

