

FUND 109 – Capital Project Funding Program (CPFP)

APPLICATION



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 <u>and</u> 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: TDC Approved: | TDO Staff Received: BOCC Ratified: | | |
| <u>GENI</u> | ERAL INFORMATION | | |
| Organization Legal Name | | | |
| Street Address | | | |
| City/State/ZIP FEIN # | | | |
| Vebsite | | | |
| 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): Acquisition Construction Extension Enlargement |
| Has this organization received Capital Improvement funds from the TDC before? \[\sumset \text{No} \] 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 | l operated |
| ☐ Owned and operated by a not | t-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 contingencie | es? |

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. 3rd Year 1st Year 2nd 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.

| 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? |
| |

| 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. | | |
| | | |
| | | |

| How will this project reach new audiences and increase awareness of Flagler County? | | |
|---|--|--|
| | | |
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| | | |
| Does this project align with the three pillars of the current tourism strategic plan? | | |
| | | |
| | | |
| | | |
| What is the valuation of the Marketing and/or Spensorship hanefits to be provided to the | | |
| What is the valuation of the Marketing and/or Sponsorship benefits to be provided to the TDC? | | |
| | | |
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| 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. | | |
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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 re | equesting TDC funds, acknowledge: | | |
|---|---|--|--|
| I have reviewed the Capital Project Funding Program guidelines and completed thi oplication requesting funds for my Capital Project. To the best of my knowledge and belief, the formation contained in this application and its attachments is accurate and complete. If funds are warded, I agree to follow all Capital Project Funding Program guidelines. | | | |
| All documentation provided at the time of applicat is subject to verification and additional documents may application. | · | | |
| Grant funds will only be awarded after completion Quarterly Reports and Project Completion Form. | on of a Final Status Report including all | | |
| All future signage and media, including digital compublications and other printed materials will include red Government and the Tourism Development Office. Red best suited to the collateral design, and at a size that is las follows: "This project is funded in part by Flagler Co Office". | cognition of support from Flagler County cognitions will include the TDO's logo as legible. Verbiage for acknowledgement is | | |
| Understand the expected completion date of the C funds is within one (1) year from the initial approval fro required reporting of project progress. | . , | | |
| A representative of my organization is required to BOCC for the funding request. | make a presentation to the TDC and the | | |
| If my organization is awarded funds we will be reagreement with the County setting forth terms, condition with the grant request. | | | |
| I understand funding requests will be determined and this application is not guaranteed. | at the sole discretion of the TDC & BOCC | | |
| Authorized Agent Signature Received by TDO: | Date | | |
| Necesived by 100. | | | |
| TDO Representative | Date | | |

Capital Project Funding Program

Logo Usage Requirements

For projects funded in part by this gran, 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 | I the requirements put forth by the TDC for use |
|---|---|
| of the TDC logo on all advertising put out into t | he marketplace related to the Capital Project |
| application I am requesting funds for. I also unde | rstand that this is a mandatory requirement to |
| obtain the grant funds I am applying for, and failu | ire to utilize the aforementioned logo and web |
| address will result in the loss of requested TDC fu | S . |
| | |
| | |
| | |
| Signature | Date |
| oignature | Date |
| | |
| | |
| Polm Coast and the Fledler Peoples | Date |
| Palm Coast and the Flagler Beaches | Dale |



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 | | | |
| Tax ID Number: Website: | _ FEIN | SSN/ITIN | OTHER |
| Company/Corporate Address: Address: | | | |
| Address: | _ | | |
| 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 be Local Vendor Preference Women/Minority Business Enterprise Certificate of Insurance attached? Yes No | usiness. Classif | ications are sı | ubject to approval. |
| W9 attached? Yes No | | | |
| (W9 form and instructions can be found here www.irs.gov/pu | | .pdf) | |
| | | | |
| Vendor No: | Input by: | | |

(Rev. October 2018) Department of the Treasury Internal Revenue Service

Request for Taxpayer Identification Number and Certification

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Give Form to the requester. Do not send to the IRS.

| | 1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. | | | | |
|---|---|--|---|--|--|
| Print or type. See Specific Instructions on page 3. | 2 Business name/disregarded entity name, if different from above | | | | |
| | 3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. | | 4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): | | |
| | ☐ Individual/sole proprietor or ☐ C Corporation ☐ S Corporati | rporation | | Exempt payee code (if any) | |
| | Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. | | Exemption from FATCA reporting code (if any) | | |
| | is disregarded from the owner should check the appropriate box for the tax classification of its owner. | | | (Applies to accounts maintained outside the U.S.) | |
| | Other (see instructions) ► 5 Address (number, street, and apt. or suite no.) See instructions. | Requester's name a | | | |
| | The second control of | | | and address (optional) | |
| | 6 City, state, and ZIP code | | | | |
| | 7 List account number(s) here (optional) | | | | |
| Part I Taxpayer Identification Number (TIN) | | | | | |
| Enter your first the appropriate box. The first provided mater that a given on the first avoid | | | | curity number | |
| backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a</i> | | | | | |
| | | | | | |
| TIN, later. | | | | | |
| | If the account is in more than one name, see the instructions for lin er To Give the Requester for guidelines on whose number to enter. | e 1. Also see What Name a | and Employer | identification number | |
| | | | | - | |
| Par | t II Certification | | | | |
| Under penalties of perjury, I certify that: | | | | | |
| The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and | | | | | |
| 3. I ar | n a U.S. citizen or other U.S. person (defined below); and | | | | |
| 4. The | FATCA code(s) entered on this form (if any) indicating that I am exe | empt from FATCA reportin | g is correct. | | |
| you ha | cation instructions. You must cross out item 2 above if you have been the failed to report all interest and dividends on your tax return. For real sition or abandonment of secured property, cancellation of debt, contribution interest and dividends, you are not required to sign the certification. | l estate transactions, item 2 outions to an individual retire | does not apply. For ement arrangement | or mortgage interest paid, t (IRA), and generally, payments | |
| Sign Here | Signature of U.S. person ▶ | Date ► | | | |
| General Instructions • Form 1099-DIV (dividends, including those funds) | | those from stocks or mutual | | | |
| Section references are to the Internal Revenue Code unless otherwise noted. | | , | • Form 1099-MISC (various types of income, prizes, awards, or gross | | |
| Future developments . For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted | | • Form 1099-B (stoc | Form 1099-B (stock or mutual fund sales and certain other transactions by brokers) | | |

after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

• Form 1099-INT (interest earned or paid)

- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.