

# BEST Investment Fund Application

Hamilton County Tourism's BEST Investment Program is a capital improvement grant program designed to support development projects that will create or enhance compelling, unique tourism products and/or tourism events that have a transformative and positive impact on Hamilton County. The goal of the program is to induce new visitor spending, especially via overnight stays and create positive, long-term impact on the local tourism economy.

Use this form to apply for a BEST Investment Fund grant. This form is lengthy and requires detailed information. You may save a copy by selecting "File" on your browser and "Save Page As" to plan your answers in advance before starting. You must complete the application in one sitting without closing your browser or else your information will be lost. No handwritten applications or copies will be considered. If you cannot answer a question, use Unknown and state why. Proposed projects must have application forms, requested documents, and meetings completed by **June 14, 2024** to be eligible for 2025 funding. The Hamilton County BEST Review Committee will review final proposals in July 2024 to determine if projects advance to the Hamilton County Tourism Commission for award determination in August 2024. For additional information, contact Karen Radcliff at [kradcliff@hamiltoncountytourism.com](mailto:kradcliff@hamiltoncountytourism.com)

## BEST APPLICATION FORM

Submit online, completed, and dated application form using complete sentences, legible typeface, and complete thought. No handwritten applications will be considered. If "UNKOWN" is used for any answer, you must state why.

### I. ORGANIZATION INFORMATION

**Organization Name: \***

The word "organization" will be used to refer to the applicant and can be a municipality, government entity, non-profit, or redevelopment corporation.)

**Non-profit designation: \***

**Tax ID: \***

**Registered State of Organization: \***

**Year organization established: \***

**Organization Mailing Address, City, State, Zip: \***

**Primary Contact Name and Title: \***

**Primary Contact Email Address: \***

**Primary Contact Phone Number: \***

(xxx-xxx-xxxx)

**Secondary Contact Name and Title: \***

**Secondary Contact Email Address: \***

**Secondary Contact Phone Number: \***

(xxx-xxx-xxxx)

**Contact Name \***

(Email for Accounting/Bookkeeping)

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## II. ORGANIZATION BACKGROUND

**Provide a brief overview of the organization and evidence of its impact on tourism in Hamilton County. \***

**What is the organization's mission statement? \***

**What is the organization's statement on diversity, equity, and inclusion? \***

**How has the organization promoted ecologically sustainable practices? \***

**How has the organization preserved culturally significant sites? \***

**What is the organization's annual operating budget? \***

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### III. PROJECT SUMMARY

**What is the project title? \***

**Provide a summary of the project and address how it aligns with Hamilton County Tourism's areas of focus? \***

Areas of focus include: (1) Beneficial to the local economy, residents, and site location, (2) Provides for significant public assembly, gathering, or entertainment space, (3) Provides net new out-of-county visitation especially during winter and weekdays.

**What are comparable projects across the county and across the country? \***

**Describe your project. \***

**What is the breakdown of the facilities/rooms/spaces on the project by size (square feet) and use? If an expansion, please outline existing vs proposed sizing. \***

**Where will the project be located and what is the number of acres of the proposed site? Explain the use of other projects on the proposed site. \***

**Provide the project timeline. \***

**Who are all the strategic partners connected to this project? Describe the collaborative outcomes intended. \***

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#### IV. TOURISM ECONOMIC AND MARKET ANALYSIS

**What is the percentage breakdown of the annual attendance to the proposed project?**

(The total must add up to 100%.)

• **Local residents of Hamilton County? \***

%

• **Visitors not living in Hamilton County and originating from 20-100 miles away who might drive in for the day? \***

%

• **Visitors originating 100+ miles away and might drive/fly in for one or more overnight stays? \***

%

**What is the demographic of population served by this project? \***

**How many net new FTE jobs will be created from this proposed project? And what is the total annual compensation earned from those jobs? \***

**What is the estimated number of annual hotel room nights the project is expected to generate, and how did you arrive at this number? \***

**Number of days open to the public, corresponding months if seasonal, and projected hours of operation. If a major event, what is the proposed number of event days and months of the year? \***

**Will the project allow for large meetings, gatherings, and events? And will those spaces be made available for future special event bookings brought forward by the Hamilton County Tourism team? \*If yes, explain how a collaboration might be**

structured between your organization and Hamilton County Tourism or Hamilton County Sports Authority to allow for special tourism events such as major conventions, marquee sporting events, large consumer shows, activation. \*

## V. FINANCING

**What is the breakdown of projected operating revenues including revenues subject to sales or hotel taxes? \***

**What is the total project cost? \***

\$

**What is total amount requested of BEST funding? \***

\$

**Does the total amount of funding requested meet the requirement not to exceed the lesser of 25 percent of total project costs? \***

Select ▼

**Does the total amount of funding requested meet the requirement not to exceed the amount of hotel tax projected to be generated over 15 years? \***

Select ▼

**Has the project previously received BEST Investment Program funding or received other incentives from the county, city, state, or federal governments? \***

Select ▼

**Has the project received funding from other sources? \***

Select ▼

**What will the ownership breakdown be for any owners over 20%? \***

**If awarded, how will the BEST funds be used? \***

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#### IV. SIGNATURE/DISCLAIMER

On behalf of this organization/municipality, I hereby certify that I have read and understand the guidelines for the Hamilton County Tourism BEST Investment Program and that the information included with this application is true and correct to the best of my knowledge. I understand that noncompliance may prevent my organization from receiving future support.

**Name: \***

(Please provide full name)

**Title: \***

**Date:**

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For additional Information

Contact: Karen Radcliff [kradcliff@hamiltoncountytourism.com](mailto:kradcliff@hamiltoncountytourism.com)

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