**Frederick County Tourism Reinvestment in Promotion & Product (TRIPP) Program**

**FY20 Tourism Advertising & Development Grants**

**Deadline for application submission is 5:00 p.m., Friday, March 29, 2019. An original and 5 copies of the TRIPP application are required. *Electronic submissions will not be accepted.***

Applicant (organization): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Project: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Application Type: (check all that apply) \_\_\_\_\_\_\_Advertising and/or \_\_\_\_\_\_\_Development

*If you are applying for Advertising and Development and the answers to the questions in the application are entirely different, you may submit 2 separate applications (one Advertising and one Development).*

**Contact and Applicant Information**

Name and title of person preparing application:

 Name: Title:

Organization Address:

Organization Phone: Organization Email:

Federal employer ID#: Organization Website:

Name and title of person responsible for daily project implementation and management:

 Name: Title:

Phone: Email:

**SECTION I *(all applicants)***

*(Refer to guidelines for details)*

* **Brief description of advertising and/or development project goals.**
* **How many visitors did your attraction or event receive in 2017 and in 2018?**
* **Provide demographic information you have about your visitors/attendees, including percentage of out-of-county visitors compared to local residents**.

**Performance Measurements**

* **How will your efforts result in increased spending by visitors to Frederick County?**
* **How will you measure the increased spending results?**
* **How many hotel room nights do you anticipate your program will generate?**
* **How will you promote overnight stays in Frederick County hotels and other increased visitation to Frederick County**? ***(Guidelines Section I – Performance Measures #2)***
* **How will you measure overnight hotel stays?**
* **How will you improve the visitor experience?**
* **What are your past TRIPP award results from the most recent 2 years, if applicable?**
* **Previous grant recipient, attach the final report for the most recent closed out TRIPP award at end of application**.
* **If you did not use all of the award, what prevented you from using all of the funds?**
* **If your project is weather-dependent, what is your inclement weather plan?**

**SECTION II *(Advertising)***

**Advertising Award**

* *N/A Applying for TRIPP Development funds only. Skip to Section III.*

**(Guidelines Advertising A-1)**

* **Explain how you’ve identified the audiences that will be interested in your message.**
* **How did you select the appropriate media to efficiently reach the audience**?

Amount requested (choose one): *Attach appropriate schedule to your application after this page.*

**Non-local Media Schedule Award** $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(Guidelines A-2)**

**SECTION III *(Development)***

**Development Grant**

* *N/A Applying for TRIPP Advertising funds only. Skip to Section IV.*

**(Guidelines D-1)**

* **How will residents of other areas learn about your activity**?

**Program / Project Start Date** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If event, also show the date(s) of event: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Budget Summary**

Amount of grant request ($1,500 to $15,000): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount of cash match: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount of in-kindmatch (< 25% of match): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TOTAL BUDGET:**

 **Total must be at least twice the grant request \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Development Project Expenses:** *Create this template as an Excel form and attach to application after this page.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Line Items** | **TRIPP Fund** | **Applicant’s Match** | **Total** |
| **Cash Match** | **In-Kind Match** |
|  | $ | $ | $ | $ |
|  | $ | $ | $ | $ |
|  | $ | $ | $ | $ |
|  | $ | $ | $ | $ |
|  | $ | $ | $ | $ |
|  | $ | $ | $ | $ |
|  | $ | $ | $ | $ |
| **TOTALS:** |  |  |  |  |

*Note: Alcohol and food will not be funded through TRIPP but may be included as applicant’s match*

**SECTION IV *(all applicants)***

**Advertising and Development Grant applicant matching fund source(s)**

* Identify source(s) of matching funds (Advertising and Development), in-kind contributions (Development only), and other revenue for the project. ***(Guidelines Section IV – 1)***
* Partnerships are encouraged. Partners may be any entity, commercial or nonprofit, with the exception of lodging businesses outside of Frederick County. *Attach letters after signature page.* **(Guidelines Section IV – 2)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*Applicant Signature Title Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Print name**

***\*I certify I am authorized to sign on behalf of the applicant organization to enter into an agreement with the Tourism Council of Frederick County. I also acknowledge I have read the TRIPP Terms and Conditions in the FY20 Tourism Advertising & Development Guidelines.***