APPLICANT CHECKLIST

LODGING TAX GRANT PROGRAM

- ☐ **Signed Lodging Tax Grant Program Terms Form**
- ☐ **Signed and completed Lodging Tax Grant Program Application**
- ☐ **Narrative response to Grant Program questions**
- ☐ **Consultation with designated grant consultant, (*required prior to submission of application*)**
- ☐ **Project Budget Form (*with description of funds use*)**
- ☐ **Estimates attached (*from third party vendor*)**
- ☐ **Copy of permit/license attached (if applicable)** ☐ **Does not apply**
- ☐ **Photo Release**

(Please note – Applicant must use fillable form and fill in completely; access provided, if needed. If information is not applicable marks as "N/A." Handwritten submissions NOT accepted.)

Application Deadline

Applications are reviewed two times per fiscal year, and awards are made within 45 days from the due date. Applications and supporting materials must be received by noon on the following due dates:

February 28, 2018

September 30, 2018

Applications may be mailed or hand-delivered to:

Go Goshen Visitor Center
2042 Main Street
Torrington, WY 82240

Office hours are 9:00 a.m. to 4:00 p.m., Monday through Friday or by appointment. For questions or more information, please contact Sandy Hoehn, Community Development Director: 307-532-3879 or email at sandy@gohsenwyo.com

LODGING TAX GRANT

PROGRAM TERMS

Note: The following statement must be completed and signed for applicant to be eligible.

Eligibility

Entities eligible to apply for grants must have the capability of attracting visitors to Goshen County and must have projects that will promote tourism within Goshen County.

Goals

The goals of the grant program are to attract more visitors to Goshen County, provide meaningful visitor resident interaction and positive benefits, support events that offer local, regional, and national public relations value, encourage collaboration between event producers, and promote self-sufficiency of the event

How the Grant Program Works

Applicant will submit a completed application and provide cost estimates. Applicants have the option to present their project(s)to the Grant Committee. The Grant Program will reimburse funds based on submittal of paid receipts and Final Report of the project within sixty days of event completion.

Considerations

- **Does the event potentially increase hotel room nights, benefit restaurants, stimulate retail sales, and promote visits and return visits?**
- **Have you reviewed the calendar for conflicting and/or compatible events?**
- **Does the event enhance the lives of residents and visitors?**
- **Are there opportunities for community interaction?**
- **Does the event contribute to the Goshen County Tourism brand identity?**
- **Does the event show potential for growth and self-sufficiency?**
- **Grants are subject to availability of funds.**
- **If approved, applicant has sixty days from completion of the even to submit a final report for reimbursement.**
- **LTB reserves the right to make a final determination on all grant applications.**

Qualifications Required

- **Event takes place in Goshen County**
- **Applications must be complete and provide all information and attachments requested.**
- **Specific dollar amount must be requested with explanation of how funds will be utilized.**
- **Required permits must be issued to application entity.**

Eligible Uses (please check all that apply):

- ☐ **Marketing Expense**
- ☐ **Program enhancements that will strengthen the tourism value of the event.**

Grant Program Reimbursement

In consideration for reimbursement of grant funds the LTB, the event promoter agrees to:

- **Secure all applicable permits and meet regulatory requirements.**
- **Agree to insertions of "Funded by Lodging Tax" and GoGoshen County Tourism Promotion" logos on all marketing and promotional materials associated with the event. Display banner during the event (*to be supplied by LTB*)**
- **Provide the LTB with:**
  Photographs of the event to promote Goshen County.
  One copy of each publication containing advertising of the event.
- **Requests for reimbursement of radio/TV advertisement must be accompanied by list of airdates and length of each air spot on letterhead of the media company.**
- **Invoices must show name of vendor, date of purchase, what was purchased, quantities and cost per item or advertising insert, or dates service was rendered. Submit copies of all ad copy.**
- **In the event of brochure distribution, a list of number of brochures delivered, date delivered, and point of delivery must accompany request for reimbursement. Submit copies of all brochures.**
- **Event producers shall submit a written post – event report to the LTB within sixty days of the completion of the event.**
- **If grant funds are awarded and not utilized, the producer will provide the LTB with a letter surrendering the funds to the LTB.**
- **Up to ½ of the amount approved will be released prior to the event, upon submittal of an invoice accompanied by verification of initial expenditures. No funds can be disbursed until actual expense has occurred. Remaining funds will be released after receipt of final report and remaining expenses accompanied by an itemized report and paid receipts.**
- **Application needs to be professional and complete**

NOTICE

All contracts for goods and services un der the grand program shall be between the applicant and the vendor. IN NO CASE WILL THE LODGING TAX BOARD BE PART OF ANY CONTRACTS BETWEEN APPLICANT AND VENDORS. Grant recipient is responsible for payments to vendors. Boar will pay grantee up to the amount approved verified by receipts. *Producer must include actual paid receipts with final report upon completion of event.*

Ineligible Uses

The Board will not support certain activities such as: fundraising, buildings or capital improvement, equipment purchases, lease of facilities or equipment wages of any kind, awards to participants unless distribution and content clearly promote Goshen County and/or town therein: any contractual obligations on behalf of or including the Board or the entity requesting the grant.

Evaluation

All applications are reviewed by the Goshen County Lodging Tax Board. The Goshen County Lodging Tax Board reserves the right to make a final determination on all projects.

Certification

The failure of applicant to comply with any o the terms of this Agreement shall constitute an event of default and require repayment of all funds to the Goshen County Lodging Tax Board. If approved for the grant, the applicant will provide signed paid receipts for all goods and services purchased, submit a final report of the project consisting of all application requirements within 60 days of the completed project prior to grant funds reimbursement. Goshen County Lodging Tax Board reserves the right to use the results of the Final Report in published reports and/or articles as an example of the project(s) funded by the Grant Program.

Signature _____**Date**_____

Printed Name_____**Title**_____

Lodging Tax Grant Application

GENERAL CONTACT INFORMATION	
ORGANIZATION/APPLICANT:	
ADDRESS:	
CITY/STATE/ZIP:	**FOR INTERNAL USE ONLY**
CONTACT:	**Date Application Received**
PHONE/FAX:	**Date approved**
EMAIL:	**Amount approved**
TOTAL PROJECT COST: $	**Date payment mailed**
AMOUNT REQUESTED: $	**Date payment picked up**
EVENT NAME:	
Event Date(s):	

PROPOSED FUNDING AND SOURCES	
1. Funding Request from Lodging Grant Program	**$**
2. Other Funding Sources	
3. In-Kind Donations	**$**
4. OTHER GRANTS	
5. Local (within Goshen County)	**$**
6. Other (outside Goshen County)	**$**
7. Other (Describe)	**$**
TOTAL OTHER FUNDS (add lines 2-7)	**$**
TOTAL PROJECT COSTS	**$**

APPLICANT CERTIFIES he/she is duly authorized to verify the foregoing application and to the best of his/her knowledge and belief, the data in this application is true and correct.

AUTHORIZED SIGNATURE:	**DATE:**
NAME:	**TITLE:**

Grant Program Narrative Questions

Organization/Applicant Name:	**Event Date(s):**
Amount of funding requested: $	**Total Project Cost: $**
Brief description of the event and its activities:	
If this is an annual event describe the previous location(s) and number of years in production:	
Describe the potential benefits to Goshen County including potential for overnight stays:	
How do you plan to advertise including outside of Goshen County?	
Please describe how this event enhances Goshen County's brand and/or reputation in a significant or lasting way:	

How will attendees be counted; how will you know where they came from:
Explain your need for the Lodging Tax Board Funding? What is your plan to become independent from Lodging Tax Board funding in the future.
Additional Information regarding the project you would like the Lodging Tax Board to consider:

AUTHORIZED SIGNATURE:	**DATE:**

Project Budget Form

Applicant:	
Project:	
Time this budget covers:	

Project Expenses: List expense items for this project in the table below.

Expense Item	Amount Requested from Grant Program	In-Kind Donations	Other Funding	Total Budget
Radio				
Television				
Brochures				
Print Publishing				
Other (specify)				
Other (specify)				
Other (specify)				
Total Project Expense:				

1. Please itemize and describe expenses here (*use separate sheet if needed*):

2. Please itemize in-kind donations here if any are listed above. Also indicate how amounts were estimated.

3. Please itemize other funding sources that will be used to support the project:

GOSHEN COUNTY LODGING TAX BOARD

PHOTO RELEASE FORM

Applicant: _____

I hereby authorize Goshen County Lodging Tax Board (LTB) to publish any photographs taken by representatives of LTB and any pertinent information associated with the photograph, submitted, to LTB, for use in printed publications and online.

I acknowledge that since participation in publications and web sites produced by LTB is voluntary; _____will receive no financial compensation. I agree that the photography may be edited and otherwise altered at the sole discretion of LTB and used in whole or in part for nay and all broadcasting, audio/visual, and/or exhibition purposes in any manner or media, in perpetuity, throughout the world. I understand that I have no rights to the printed publications and web site or any benefits derived there from.

I agree to indemnify and told harmless the Goshen County Lodging Tax Board from and against all claims, losses, expenses, and liabilities of every kind including reasonable attorney's fees arising out of any inaccuracy or breach of any provision of the Agreement. I expressly release the Goshen County Lodging Tax Board from any and all claims arising out of the use of the printed publications and web site.

This agreement represents the entire understanding of the parties and may not be amended unless mutually agreed to by bother parties in writing.

Signature: _____ **Date:** _____

LTB Grant Fund Final Report

Please submit a typed narrative of the following questions as they apply to your project.

1. An overview outlining the event's strengths and weaknesses: specifically, what went well and what measures could be taken to improve the event.

2. An event budget showing actual profit and loss, paid receipts, and how the funding was utilized.

3. Include ad copy of all advertising.

4. Separate the in-kind support from cash revenues.

5. Provide a detailed list of sponsors.

6. How many people attended the event.

7. Where did attendees come from.

8. Explain the potential for growth in future years and the development of sponsorships and media exposure.

9. Review "Grant Reimbursement" *(page #4 of the grant)* and submit all requirements in the Lodging Tax Board Final Report as they apply to your project application project.

NOTE: If Grant funds are awarded for your project, this Final Report must be submitted within 60 days of the completed project. Funds will be disbursed upon receipt of the Final Report and approval of the report by Goshen County Lodging Tax Board. Final Report may be mailed or delivered To Goshen County Chamber, 2042 Main Street, Torrington, WY 82240.