**Westmoreland County**

**2016 Tourism Grant Application**

**Visitor Center Funding**

Sponsored by: Westmoreland County Board of Commissioners

and administered by the Laurel Highlands Visitors Bureau

You must submit **SIX (6)** copies of this application with attachments to:

Laurel Highlands Visitors Bureau (LHVB)

Westmoreland County Tourism Grant Program

120 East Main Street

Ligonier, PA 15658

Phone – 724.238.5661, Extension 101

Deadline for receipt at LHVB offices:

**No later than 4:30 PM on Friday, January 29, 2016**

Applications may be mailed or personally delivered to the Laurel Highlands office**. Fax transmittals or e-mails will not be accepted**. Any application received after the deadline will be disqualified. Granting decisions will be determined and notification will be announced in mid-March, 2016.

**NOTICE: HANDWRITTEN APPLICATIONS WILL NOT BE CONSIDERED**

This grant is available for only operation of a visitor center in an Allegheny Trail

Alliance officially recognized “Great Allegheny Passage Trail Town” in Westmoreland County. Operational expenses and expenses related to staffing the center (payroll, payroll taxes, payroll fees) are eligible.

**Grant Match and Eligible Expenses**

**There is a high probability the state law will require a 25% match. Please prepare the application with that expectation**. Half of the match can be in-kind services and/or donated materials; however, documentation must be provided for any in-kind match. Volunteer work is valued at $10/hour and must be documented, including dates and list of volunteers, the services they provided, and their hours of service.

If you receive a grant, you can incur expenses eligible for assistance immediately after grant notification. (Expenses cannot be incurred before notification date)

**Please refer to the Westmoreland County Tourism Grant Program Criteria and Guidelines for more detailed information.**

**Grant Guidelines**

* No more than two grant applications are accepted from any single applicant (1 of each type).
* Grants are available for for-profit and non-profit organizations, according the County MOU.
* A federal identification number is required to submit an application.
* A credit line for the Westmoreland County Tourism Grant Program and its official logo must be included on any advertisement or literature paid for by the grant.
* Once notification is given to projects selected for a grant, a contract will be made between the Westmoreland County Grant Committee and the applicant outlining what can be funded with grant dollars.

**Grant Application Instructions**

**Applications must include:**

* Completed cover page,
* No more than two (2) typed pages of narrative to describe the project, answering the questions specific to the application grant category.
* A copy of the marketing plan for the project, if applicable.
* A budget worksheet specifically listing the project activities for which the grant will be used,

**Submit six (6) copies of the entire application,** with each individual copy paper clipped. **DO NOT** staple set together and **DO NOT** place applications in folders or binders.

**Key criteria grant committee members will take into account when reviewing and selecting tourism projects for funding:**

* **The project has the ability to draw or increase the number of tourists.**
* **The project provides a distinctive experience.**
* **The project has the potential to appeal to various age groups or to educate/develop appreciation by future generations.**

**2016 Westmoreland County Visitor Center Funding Grant Cover Page**

**(*Complete This Page of Each Grant for Which You Are Applying*)**

**Name of Grant Application/Project\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Legal Name of Sponsoring Organization/Community\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Contact Person/Title\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Mailing Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Web Site\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Federal ID # (EIN)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Business/Organization Federal ID # (EIN) Assigned To:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Grant Amount Requested $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Cash Match $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ In-Kind Match $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Signature of Applicant Date**

If selected to receive a 2016 Grant, **the grant check will be made payable to the**

**organization/applicant/business whose name appears in the legal name section above.** Non-profit

organizations are also required to provide a copy of your IRS 501(c)(3) Determination Letter and a list of your current Board of Directors, with names, addresses, and phone numbers as well as when directors’ terms of office expire.

**Submit six (6) copies of the entire application,** with each individual copy paper clipped. **DO NOT** staple set together and **DO NOT** place applications in folders or binders.

**DEADLINE: If submitting via US Postal Service, the application must be postmarked no later than January 29, 2015. If delivering application by hand, the application must be turned into the Laurel Highlands Visitors Bureau office no later than 4:30 pm on January 29, 2016.**

**Office mailing and delivery address:**

**Laurel Highlands Visitors Bureau
120 East Main Street
Ligonier, PA 15658**

**Take up to two (2) typed pages to answer the following questions**

**SECTION I: *General Information***

1. Provide a brief description of your organization/applicant/business.
2. If a cooperative project involving more than one organization, please list the names of the additional participants below [include organization name(s) and contact(s) and phone number(s)].

Organization #1

Contact

Phone #

Organization #2

Contact

Phone #

(Additional organizations may be added here)

**SECTION II: *Visitor Center Funding Grant Request***

Visitor Center Funding Grant Requested: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total Projected Budget for this Project: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other funding sources and amounts include:

**SECTION III: *Visitor Center Funding* *Project Information***

1. Please provide detailed information relative to the Visitors Center for which you are seeking a grant

 including:

1. Number of visitors in 2014 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Number of visitors in 2015 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. What are the dates and hours of operation at the visitors center.
4. How do you track the number of visitors
5. Provide an explanation regarding why this project is necessary to support tourism in Westmoreland County.
6. Budget for this project, including number of individuals to be paid, average hours per week each and average hours per week the center will be in operation (spreadsheet preferred).
7. Provide a description of the work to be provided by volunteers at the visitors center.
8. .How will your organization judge the effectiveness of this project? How will the results be measured?
9. \*\*\***How will this project enhance or increase tourism in Westmoreland County?**\*\*\*

(Your response to this question is vitally important to the committee’s decision relative to your application!)

**Complete this page, sign/date and check appropriate attachment boxes as the last page of your application**

**Applicants are reminded that this grant is not a permanent allocation and that there is no guarantee of a grant being made at any time in the future.**

*I/We affirm that all information in this application and all attachments are true and correct to the best of my/our ability, and that the receipt of any grant funds relative to this request will be used for the purpose detailed within this application. I/We agree to abide by all local, state, and federal laws and regulations as they apply and that all applicable income taxes for which the grant recipient will be responsible when disbursing this grant will be reported and paid to local, state and federal entities as required. I/We understand that the Tourism Grant Review Committee will require receipts and a certification to verify the expenditure of any grant funds received, and I/we agree to furnish said documentation. I/We further understand that the expenditure of grant funds received might be subject to audit and or further verification and I/we agree to cooperate with any such audit or verification process.*

Name (print):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant is a non-profit organization and:

 A copy of applicant’s non-profit organization IRS 501(c)(3) Determination Letter is attached

 A list of applicant’s Board of Directors with addresses, etc., is attached

Date Received by LHVB:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ By:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2016 Tourism Visitor Center Grant Budget Worksheet**

**Be specific regarding line item costs associated with this Visitor Center Funding Project. Be specific relative to the work to be provided by volunteers, as in-kind donations and that which will be provided by paid staff.**

**You must show how both the grant amount requested and the matches (both cash and in-kind) will be allocated among activities. Remember that the match must be at least 25% of the total cost and that at least half of the match (or 12.5% of the total cost) must be in cash. The other half of the match can be “in-kind,” consisting of volunteer services and donated materials. Volunteer services should be valued at $10 per hour.**

**Application/Project\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_County\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Name of Grant**

**City/Town of Applicant\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Federal ID#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| --- | --- | --- | --- | --- | --- |
| **Activity** | **Grant Amount** **Requested** | **Match (Cash)** | **Match (In-Kind)** | **Source of Match** | **Total Funds** |
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| **Column Totals:** |  |  |  |  |  |

**(Total of Grant Amount Requested + Match (Cash) + Match (In-Kind) Must Equal Final Column Total.)**