

CULTURE AND TOURISM MARKETING CO-OPERATIVE GRANT APPLICATION - FY 2008

Deadlines: January 8, 2008, 4:00pm

Please send completed application to:

Connecticut Commission on Culture & Tourism, One Financial Plaza, 755 Main Street, Hartford, CT 06103.
 Mark application package: RE: Marketing Co-op Grant, deadline January 8, 2008.

Note: CCT is scheduled to move in mid-December. The new address will be One Constitution Plaza, 2nd floor, Hartford, CT 06103. Call 860-256-2800 or visit www.cultureandtourism.org to verify address.

APPLICANT INFORMATION

Federal Employer ID # _____ Date of Non-Profit Incorporation in CT _____

Applicant Organization Official Name _____

Street Address or Location _____

Mailing Address (if different) _____

City/State/Zip _____

Telephone _____ Fax _____

General Organization E-mail _____

Website address _____

Executive Director _____ E-mail _____

Application Contact Person _____ E-mail _____

PROJECT INFORMATION

Project location (City(ies)/Town(s)) _____

Project beginning date (no sooner than fully executed contract) _____

Completion date (no later than June 30, 2009) _____

If the project includes an event, please specify event date(s) _____

Title of Project _____

Type of Project (select appropriate number, refer to Project Fact Sheets for definitions)

Culture and tourism partners may apply for more than one, submitting an application form for each project requested.

- 1) Billboard Advertising (mark preferred options in a, b & c)
 - a. Locations: I-84 Connecticut I-95 Connecticut I-91 Connecticut I-84 New York
 I-87 New York I-95 New York
 - b. Territories: New York gateways to Connecticut Fairfield County New Haven
 Shoreline Danbury Waterbury Hartford
 - c. Time Duration in 2008: April May June July
- 2) Newspaper & Online Advertising (mark preferred options in a & b)
 - a. Media Markets: Hartford New Haven Fairfield County Waterbury New London
 - b. Publication Dates: 5 dates (TBD) will be available in May June and July
- 3) Market Research
- 4) Strategic Marketing Planning

FOR OFFICE USE: App # _____

LEGISLATIVE INFORMATION (OBTAIN FROM TOWN CLERK)

Federal Congressional District # _____ U.S. Representative's Name _____

State Senate District # _____ State Senator's Name _____

State Assembly District # _____ State Representative's Name _____

PROJECT SUMMARY

Supply the title of the project or a 10-15 word description in the following format:

This grant will support _____

APPLICATION NARRATIVE

Answer questions 1-2 in narrative form in no more than two (2) single-spaced typed pages (one side only), with margins no less than 3/4 inch on all sides; font size no smaller than 11 point.

1. Provide a brief history of the organization including operating years, office location if applicable, mission statements and objectives, and demonstrate financial stability incorporating any previous state loans or grants.
 2. Describe the project for which you seek funding. Include how project will impact your business and work toward the goal of increased visitation, proposed target audience (i.e., to whom this project is directed), project goals and objectives and how this project will align with your organization's other initiatives. Specify how requested funds will be used.
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PROJECT TIMELINE

Include a detailed timeline indicating significant stages of implementation and approvals for the project. All project materials related to funding must be approved by CCT prior to being produced or scheduled for final production. A minimum of 5 working days is required for this approval.

PROJECT BUDGET

Provide a detailed budget which will include: revenue, broken down by earned income, grants & contributions, and identified source(s) of matching funds; expenses, broken down by item (media costs, consultant fees) and the expense of each item shown under the appropriate category of revenue including CCT Challenge Grant, matching funds, other revenue.

GRANT REQUEST

\$ _____ Must be matched with non-governmental funds on a percentage basis as indicated in the specific project fact sheet. In-kind services do not qualify as matching funds.

STRATEGIC MARKETING PLAN

Applications must include a current strategic marketing plan in their application package. Applicants without a strategic marketing plan must complete and submit the CCT marketing questionnaire available at www.cultureandtourism.org.

FUNDING SECTION

Summary of Costs

- Total Cost of Program: _____
(If the Co-op Grant project contributes to a broader program, provide the total cost of the program)
- Total Amount of Requested Grant Funds: _____
- Total Amount of Matching Funds: _____

CHECKLIST

4 APPLICATION COPIES ASSEMBLED IN THE FOLLOWING ORDER

- Application Form - dated and signed (original signatures)
- Application Narrative – Brief history of the organization and project description
- Timeline
- Budget - One page
- Strategic Marketing Plan/completed Marketing Questionnaire
- Promotional Materials (optional)

BEHIND THE COPY MARKED “ORIGINAL,” PLEASE ADD THE FOLLOWING

- IRS Tax Exempt Verification
- W-9 Form

SIGNATURE

Signature of Organization’s Authorized Official _____
Title _____ Date _____

State or federal funds cannot be used as match.