DECD
State of Connecticut
Department of Economic and Community Development

MARKETING CHALLENGE GRANT APPLICATION - 2012

Deadline: March 19, 2012

Please send completed application to: Rena Calcaterra**,** FY12 Tourism Marketing Challenge Grant, Connecticut Office of Tourism, Department of Economic and Community Development (DECD), One Constitution Plaza, 2nd Floor, Hartford, CT 06103

EVERY BLANK MUST BE FILLED IN (USE N/A WHERE APPLICABLE) IN ORDER FOR THIS FORM TO BE CONSIDERED COMPLETE AND READY FOR REVIEW

APPLICANT INFORMATION

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

Applicant Organization Official Name _____

Organization Also Known As (if different from 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 _____ Telephone/Extension_____

Application Contact Person* _____

E-mail* _____ Telephone/Extension_____

Project Contact Person _____

E-mail _____ Telephone/Extension_____

** Required - all notices and information regarding applications will be sent by email ONLY to application contact person.*

PROJECT INFORMATION

This is a new initiative: ○ Yes ○ No

This is the expansion of a current project/ program: ○ Yes ○ No

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

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

Title of Project _____

FOR OFFICE USE: **APP #**_____

PROJECT INFORMATION (CONTINUED)

Type of Project (select appropriate number(s), refer to Eligible Project Expenses for definitions)

- ☐ 1) Media Advertising, Direct Marketing, Promotional Pieces
- ☐ 2) Production Pieces, Trade Shows/Exhibits, Public Relations
- ☐ 3) Research Programs & Studies/Expansion of Existing Programs
- ☐ 4) Online Development, design or promotion

PROJECT SUMMARY

Please complete the following sentence (10-15 words in relation to your application):

Grant funds will support _____

_____

GRANT REQUEST

$ _____ ($7,500 minimum/$50,000 maximum) Must be matched with non-state funds on a dollar-to-dollar cash basis.

Project Start Date (no sooner than April 15, 2012) _____

Project End Date (no later than May 31, 2013) _____

FUNDING SECTION

Summary of Costs

- Total Cost of Program: _____ *(If the Marketing Challenge 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: _____

  Cash: _____ , In-kind services:_____

APPLICATION NARRATIVE

Answer questions 1-2 in narrative form, no more than two (2) single-spaced typed pages (one side only). Margins should be no less than 3/4 inch on all four sides with a font size no smaller than 11 point. The Marketing Challenge Grant budget and timeline are not included in the two-page total.

1. Brief History of the Organization
   Provide a brief history of the organization including operating years, office location if applicable, mission statements and objectives, and demonstrate financial stability. Please state any previous state loans or grants.

2. Proposed Project
   Describe the project for which you seek funding. Include key proposed activities, target audience (i.e., to whom this project is directed), project goals and objectives. Specify how requested funds will be used.

PROJECT BUDGET

Provide a detailed budget which will include revenue, broken down by earned income, grants & contributions, identified source(s) of matching funds and in-kind services; expenses, broken down by item (media costs, creative design, printing, postage, etc.) and the expense of each item shown under the appropriate category of expenses, COT Marketing Challenge Grant, matching funds, in-kind services, other revenue.

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 COT prior to being produced or scheduled for final production. A minimum of 5 working days is required for this approval.

STRATEGIC MARKETING PLAN

Applications must include a Strategic Marketing Plan in their application package. If the applicant does not have a Strategic Marketing Plan, then the applicant must complete and submit the Strategic Marketing Questionnaire.

APPLICANT'S TOTAL FISCAL SUMMARY

	A. Total budget for last completed fiscal year	B. Total budget for present year	C. Total budget for projected year
FY End Date (month/day/year)	_____	_____	_____
Income	$ _____	$ _____	$ _____
Expenditures	$ _____	$ _____	$ _____

CHECKLIST

9 APPLICATION COPIES ASSEMBLED IN THE FOLLOWING ORDER:

- ☐ Application Form - (original must be signed in blue ink and dated; copies must be signed and dated with a copy of the original signature)
- ☐ Application Narrative – Brief history of the organization and project description (no more than 2 pages)
- ☐ Budget
- ☐ Timeline
- ☐ Strategic Marketing Plan/completed Strategic Marketing Questionnaire
- ☐ Sponsorship Opportunities Package (if applicable)
- ☐ Promotional Materials (optional)

BEHIND THE COPY MARKED "ORIGINAL," PLEASE ADD THE FOLLOWING:

- ☐ IRS Tax Exempt Verification
  Already submitted this fiscal year in _____(Name of Grant Program)

SIGNATURE

Under penalties of perjury, I declare that I have examined information contained in the application for this grant and accompamying documents and, to the best of my knowledge and belief, they are true, correct and complete, and I am in fact eligible for funding under this grant program. I am aware that the submission of any false information or omission of any pertinent information resulting in the false representation of a material fact may subject me to civil and/or criminal penalties for filing of false public record and/or forfeiture of any funding awarded under this program. I further declare that I have reviewed the Connecticut Office of Tourism's Grant Overview Guidelines and acknowledge my responsibility as a grant applicant to become familiar with these guidelines and that failure to comply could result in ineligibility for the grant program. I understand that should I have any questions regarding these guidelines, I may contact COT. I further understand that all documents submitted become the property of DECD/COT.

Printed Name _____ Title _____

Signature_____ Date _____