Connecticut
still revolutionary

MARKETING CHALLENGE GRANT APPLICATION - 2014

Deadline: December 6, 2013

Please send completed application to: Rena Calcaterra**,** FY14 Marketing Challenge Grant, Connecticut Office of Tourism, Department of Economic and Community Development (DECD), One Constitution Plaza, 2nd Floor, Hartford, CT 06103. If you have any questions please contact Rena Calcaterra (860-256-2744) or Jennifer Haag (860-256-2765).

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 an enhancement to an existing marketing effort: ☐ Yes ☐ No

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

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

Title of Project _____

PROJECT INFORMATION (CONTINUED)

Type of Project (select appropriate number(s), refer to "What We Fund" on pages 2-3 of Guidelines for definitions.

- ☐ 1. Media Advertising
- ☐ 2. Direct Marketing
- ☐ 3. Promotion Pieces
- ☐ 4. Production Projects
- ☐ 5. Direct Sales
- ☐ 6. Public Relations
- ☐ 7. Social Media
- ☐ 8. Research Programs & Strategic Marketing Planning
- ☐ 9. Web Design and Development

PROJECT SUMMARY

Please complete the following sentence (15-25 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 1, 2014) _____

Project End Date (no later than May 31, 2015) _____

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, number of annual/seasonal visitors, office location (if applicable), mission statement and objectives. Demonstrate the organization's financial stability.
2. Proposed Project
Describe the project for which you seek funding. Clearly outline key objectives and goals of the project, including target audience (i.e., to whom this project is directed), job development, projected attendance or percentage increase in attendance and lodging room nights, impacted by the project. Describe strategies, messages and tactics to execute the project.

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	$ _____	$ _____	$ _____

IMPACT TO CONNECTICUT ECONOMY

Total Number of Employees _____

Full-time _____ Part-time _____ Seasonal _____ Volunteer _____

Number of Annual Visitors_____

STATE INVESTMENT

Please state any previous State Loans/Grants received in the past 5 years:

_____

_____

_____

CHECKLIST

ORIGINAL APPLICATION & EIGHT (8) COPIES ASSEMBLED IN THE FOLLOWING ORDER:

- ☐ Application Form - (original must be signed in blue ink and dated; All copies of application must be made from original signed application.)
- ☐ Application Narrative – Brief history of the organization and project description (no more than 2 pages)
- ☐ Budget (on separate page)
- ☐ Timeline(on separate page)
- ☐ Strategic Marketing Plan/Completed Strategic Marketing Questionnaire
- ☐ Sponsorship Opportunities (if applicable)

CHECKLIST (CONTINUED)

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 accompanying 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 Marketing Challenge Grant 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 _____