**County of Blair**

**Tourism Grant Application**

**2022**

*Explore Altoona*

**PLEASE PRINT CLEARLY OR TYPE**

**SECTION I: General Information**

Organization Name:

Contact Name & Title:

Street address:

City: Zip Code:

Phone: E-Mail:

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]:

Organization Contact:

Organization Contact:

If selected to receive a 2022 grant, please indicate the **legal name of the organization to which the check should be made payable** and include your tax EIN:

Legal Name: Tax EIN

**SECTION II: Financial Information**

Grant Amount Requested: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Please list any other funding sources for this specific project:

**SECTION III: Description of Organization and Mission of Project**

Please answer all the following questions as completely as possible.

1. Provide a brief description of your organization.

2. Mission of this project. In two or three sentences, describe the current need, marketing challenge, or opportunity and how grant funds will address these issues.

**SECTION IV: Marketing/Advertising Project**

Please provide a marketing plan with as much detail as possible:

 • Target audience

 • Proposed media to be used or distribution of marketing piece

 • Timeline

 • Annual Budget Amount

* Provide a detailed explanation on this organization’s commitment to fulfill the 25% local match requirement – cash and/or in-kind. Include the detailed match financial amount and the specifics which constitute that amount.
* How will this project enhance the visitor experience or increase visitor spending in Blair County?

**GENERAL INFORMATION:**

1. If your business/organization is an **attraction/site or a special event:**

 What is your annual visitation numbers for the three years immediately prior to the pandemic period?

 2017: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 2018: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 2019: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. How will your organization judge the effectiveness of this project? How will results be measured?

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 regulations as they apply. I/We understand that the Tourism Grant Review Committee will require receipts and a certification to verify our expenditure of any grant funds received and I/we agree to furnish said documentation.

Name (print): Title:

Signature: Date: