NORTHWEST PENNSYLVANIA GREAT OUTDOORS VISITORS BUREAU

FOREST COUNTY ROOM TAX COMMITTEE

FOREST COUNTY COMMISSIONERS

**FOREST COUNTY**

**TOURISM GRANT APPLICATION**

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Please submit this application with attachments to via Mail or E-mail:

**Northwest Pennsylvania Great Outdoors Visitors Bureau**

FOREST COUNTY TOURISM GRANT PROGRAM

**2801 Maplevale Road**

**Brookville, Pa 15825**

Any questions: PHONE - 814-849-5197

E-MAIL John@VisitPAGO.com copy to Kitty@VisitPAGO.com

The Forest Count Room Tax Committee Grant program is an on-going program. The deadline for submission is a minimum of 60 days prior to the event date.

The Committee meets via phone and/or e-mail as needed.

Eligible non-profit organizations grants will be awarded based on merit, within 30 days of submission of application.

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PLEASE PRINT OR TYPE

Organization Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Name & Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-Mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Website: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Facebook: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grant Amount Requested: (up to $1,000) $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total Projected Budget: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type of Funding Request \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(marketing or tourism development)

Description of Other Funding Sources: If this is an existing event or project, how was this funded in previous years?  **(Under Act 18-All grants must now have at least 25% matching funds or in kind donations and must be used for either tourism marketing or development.)**

**Source: (Amount) (Committed yes/no)**

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Please answer the following questions as completely as possible and attach responses on a separate sheet(s) of paper.

1. Provide a brief description of your organization.
2. Mission of this project. Describe the current need, problem, and/or opportunity and how grant funds will address these issues.
3. Please provide a detailed out of area (75 miles minimum) marketing/advertising plan including targeted audience, proposed media or distribution of marketing piece, budget, and timeline.
4. How will this project enhance or increase tourism and attract out of town visitors to Forest County for overnight stays?
5. How will your organization judge the effectiveness of this program? How will results be measured?
6. If your project is an event, what are the dates and where is the location?

*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 may request additional information and/or personal interviews from applicants.*

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

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