

NORTHWEST PENNSYLVANIA GREAT OUTDOORS VISITORS BUREAU
FOREST COUNTY ROOM TAX COMMITTEE
FOREST COUNTY COMMISSIONERS

**FOREST COUNTY
TOURISM GRANT APPLICATION**

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

**Northwest Pennsylvania Great Outdoors Visitors Bureau
FOREST COUNTY TOURISM GRANT PROGRAM
19073 Bennetts Valley Hwy, Suite 123, PO Box 219
Weedville, Pa 15868**

Any questions: PHONE - 814-578-9200

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

PLEASE PRINT OR TYPE

Organization Name: _____

Contact Name & Title: _____

Address: _____

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)

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: _____