



**OUTSIDE ORGANIZATION FUNDING APPLICATION
SWANSBORO TOURISM DEVELOPMENT AUTHORITY**

APPLICATION CATEGORY

- Marketing or Promotion
- Special Event or Program
- Tourism-Related Facility Improvement

PROJECT NAME _____

AMOUNT REQUESTED _____ **PROJECT COST** _____

PROJECT DATES OR TIME PERIOD _____

APPLICANT ORGANIZATION _____

ADDRESS _____

CONTACT PERSON _____ **TITLE:** _____

E-MAIL ADDRESS _____

TYPE OF ORGANIZATION

___ Governmental

___ IRS Tax-Exempt Organization*

___ Tourism-Related Business or Marketing Association**

ORGANIZATION DESCRIPTION

Describe the purpose, activities, and goals of your organization:

Application Checklist

- Proof of organization's tax-exempt status
- Article of Incorporation and/or Corporation by-laws establishing its purpose.
- Description of the project/program and plan.
- A description on the travel and tourism impact on Swansboro. (How does this funding contribute to increased travel and spending? Estimate how many visitors will come for project/ program with a breakdown of out of town visitors. What about the project/program will bring in tourists and visitors? How will attendance be measured?)
- A planned budget detailing the sources of funding and detailed costs.
- Project/program timetable and contact persons responsible for implementation.
- An organizational chart with contact names, addresses, and phone numbers.
- Name and address to appear on reimbursement check along with who signs the checks. If signers are bonded provide bonded amount and verification.

NON-REPLACEMENT

Does the applicant declare and certify that the funding requested is not already being provided by the organization or another source for this purpose, unless the previous source of funding has been lost or the request is for expansion of a program or activity?

____ Yes ____ No

NON-DUPLICATION

Has your organization requested and/or been awarded funding for the same purpose from another organization?

____ Yes ____ No

COOPERATION/COLLABORATION

Does your proposal include cooperation, collaboration, or partnership with any other organizations for the purpose of promoting travel and tourism in Swansboro? If yes, please describe.

LEVERAGE

TDA funding, if awarded, will result in an additional funding effort by the organization itself or the availability of funding from another organization, please describe the additional funding that will be provided or generated.

UNMET NEED

If the proposal will fulfill a previously unmet need for the promotion of travel and tourism in Swansboro, please describe the previously unmet need and how it would be met.

GENERAL

- a. A representative of the applicant will be required to attend the Authority meeting at which the application is to be considered.
- b. For consideration, an applicant must submit an application at least 30 days prior to the next scheduled quarterly TDA meeting and grant awards will be awarded up to \$2,000 unless by special exception by the TDA. Applications received after 30 days prior to the next scheduled meeting will be considered the following quarter.
- c. Funding is normally provided on a reimbursement basis, based on submission of proper documentation of expenses incurred.
- d. The applicant hereby acknowledges receipt of the STDA Outside Organization Funding Policy and agrees to comply with all requirements of that policy, including those related to performance contracts, final reports, and accountability for funds use.

CERTIFICATION

The undersigned authorized representative of the applicant organization certifies that the information provided in this application is accurate and agrees to ensure compliance with the terms and conditions of funding, if provided.

Title_____

Signature_____

Date_____

Name Printed_____