

Application for Swansboro Tourism Promotion Fund Assistance

The Swansboro Tourism Development Authority (STDA) is interested in assisting new events that bring revenue and overnight stays to strengthen and build Swansboro as a destination. While the STDA will carefully review every grant application each year, we strongly recommend that each applicant's goal should be to becoming self-sustaining.

Section 1. Applicant Information & Summary

Full Legal Name of Applicant Organization: *

Name of Event, Activity or Project to be Funded*

Is Applicant a 501c3? *

- Yes
 No

Is Applicant Tax Exempt? *

- Yes
 No

Application Contact Person*

Title*

Mailing Address

City

State *

Zip Code

Primary Phone

Alternate Phone

Email Address

Date or Dates of Activity or Project *

 —

Amount Requested *

Notes

Organization refers to the applicant or operating entity and the terms may be interchangeably used.

Activity is used to reflect a program, project, activity, festival, or event for which funding is being sought. The applicant may use any word that adequately describes their activity.

Dates: Because this application covers a time longer than one year, if your event occurs during July-August, please note whether it is schedule to occur twice and if so, please list the dates for both if available.

An attachment may be provided in lieu of using the space provided in the application. The **attachment must reference the specific section** being referenced, be in order behind the signature page and the section being answered in the attachment should be marked to indicate an attachment has been provided.

Only this application and approved attachments should be included in the submission.

Section 2. Organization Information

What is the purpose of the Organization?

Please limit to 3 lines of text

Number of years organization has been in business

Number of years organization has operated as IRS tax exempt

Does the Organization have a Board of Directors?

Describe the leadership of the Organization and how it relates to the activity. If a nonprofit such as a 501(c)3, describe the makeup of the Board of Directors and how the activity is administered. If another type of organization, describe the leadership of the activity and what if any, oversight others may have over that leadership.*

Please limit to 4 lines

Section 3. Disclosure of Potential Conflict of Interest

Are any of the Board Members, employees, or staff of the organization that will be carrying out this activity, or members of their immediate families or their business associates:

Employees of the Town of Swansboro or related to an employee of the Town of Swansboro *

- Yes
 No

Members or related to members of Swansboro Tourism Development Authority?

- Yes
 No

Potential beneficiaries of the activity for which funds are requested?

- Yes
 No

Paid providers of goods or services to the activity or having other financial interest in the activity?

- Yes
 No

Section 4. Organization Administrators

Chief Executive Officer

Phone

Email

Note if any

Chief Financial Officer

Phone

Email

Note if any

Other Administrator

Title

Phone

Email

Note if any

Section 5. Activity Administrators, if different

Primary Responsible Person

Phone

Alternate Phone

Email

Note if any

Chief Financial Contact for matters related to this activity

Phone

Email

Note if any

Any Other Administrator responsible for this activity

Title

Phone

Email

Note if any

Section 6. Nature of the Activity

What is the purpose of the activity?

Is this a fundraiser for the organization? *

- Yes
- No

Is admission or a fee charged? *

- Yes
- No

This does not disqualify the activity for funding

What is the target audience for the event?

Section 7. Organizational Capacity

Briefly describe the competency of the organization and staff to perform this activity and to provide responsible management. Has this organization or staff members been in direct leadership of this event or similar events before? If this activity has occurred in the last two years, please briefly summarize any organizational leadership changes as well as lessons learned/challenges from the event in those years and what the organization and/or staff intends to do differently to improve the activity in previous years.

Section 8. Activity Information

Simply and clearly explain and describe the activity in sufficient detail so that the Authority knows what is to occur. Attach additional sheets, if necessary, but a concise narrative is highly desired. Report any contingency plans if the activity is weather dependent. Please attach and label as "Activity Information" and this section number.

Section 9. Activity Timeline Detail

Provide a Detailed timeline for the activity. Provide information on any organizational meetings, planning meetings or key milestones. Give specific information about when sponsor solicitation would occur, when promotion would begin, when funding might be needed from the Authority if approved and any contingency plans if the activity is weather dependent. If this event has occurred last year and was funded by the STDA please attached the actual detailed timeline from that activity The Authority is interested in evaluating when expenditures would need to be made, the time needed for lead-up expenditures to the event, and whether marketing is a blast type activity or something more institutional.

Section 10. Promotional & Marketing Activity

If the Activity has occurred in the past, describe the promotional or marketing activity that has been used. If the Activity has not yet occurred, describe the promotional activity that the organization seeks to have for the Activity.

Section 11. Summary of sources and amounts of funding for the activity for the past five years

If your activity does not have a past history, then only include the budget numbers for current FY.

What constitutes your fiscal year?

 -

State 5 years previous

Actual

State 4 years previous

Actual

State 3 years previous

Actual

State 2 years previous

Actual

State 1-year previous

Estimated

State Current

Budget

County 5 years previous

Actual

County 4 years previous

Actual

County 3 years previous

Actual

County 2 years previous

Actual

County 1-year previous

Estimated

County Current

Budget

Authority 5 years previous

Actual

Authority 4 years previous

Actual

Authority 3 years previous

Actual

Authority 2 years previous

Actual

Authority 1-year previous

Estimated

Authority Current

Budget

Other 5 years previous

Actual

Other 4 years previous

Actual

Other 3 years previous

Actual

Other 2 years previous

Actual

Other 1 year previous

Estimated

Other Current

Budget

Activity 5 years previous

Actual

Activity 4 years previous

Actual

Activity 3 years previous

Actual

Activity 2 years previous

Actual

Activity 1-year previous

Estimated

Activity Current

Budget

Total 5 years previous

Actual

Total 4 years previous

Actual

Total 3 years previous

Actual

Total 2 years previous

Actual

Total 1-year previous

Estimated

Total Current

Budget

Narrative

Describe any other funding being sought for current year from other entities including whether an application is being made to Onslow County Tourism:

Section 12. Summary of expenditures for the activity for the past five years.

If your activity does not have a past history, then only include the budget numbers for current FY. These are broad categories and rounded estimates of expenditures can be used for each of the categories.

What constitutes your fiscal year?

 —

5 years previous Salaries & Benefits

Actual

4 years previous Salaries & Benefits

Actual

3 years previous Salaries & Benefits

Actual

2 years previous Salaries & Benefits

Actual

1-year previous Salaries & Benefits

Estimated

Current Salaries & Benefits

Budget

5 years previous Promotion, Media, or Advertisements

Actual

4 years previous Promotion, Media, or Advertisements

Actual

3 years previous Promotion, Media, or Advertisements

Actual

2 years previous Promotion, Media, or Advertisements

Actual

1-year previous Promotion, Media or Advertisements

Estimated

Current Promotion, Media, or Advertisements

Budget

5 years previous Awards, Music, Performers, Art

Actual

4 years previous Awards, Music, Performers, Art

Actual

3 years previous Awards, Music, Performers, Art

Actual

2 years previous Awards, Music, Performers, Art

Actual

1-year previous Awards, Music, Performers, Art

Estimated

Current Awards, Music, Performers, Art

Budget

5 years previous Payments for lodging

Actual

4 years previous Payments for lodging

Actual

3 years previous Payments for lodging

Actual

2 years previous Payments for lodging

Actual

1 year previous Payments for lodging

Estimated

Current Payments for lodging

Budget

5 years previous Any Other Expenses

Actual

4 years previous Any Other Expenses

Actual

3 years previous Any Other Expenses

Actual

2 years previous Any Other Expenses

Actual

1 year previous Any Other Expenses

Estimated

Current Any Other Expenses

Budget

5 years previous Total

Actual

4 years previous Total

Actual

3 years previous Total

Actual

2 years previous Total

Actual

1-year previous Total

Estimated

Current Total

Budget

Narrative: Describe any other funding provided and give information that would help the Authority have a more complete understanding of this information.

Section 13. Activity Budget Detail

Provide a Detailed budget for the activity. Provide income, expenditures, and anticipated revenue (including how you would spend Authority Funds). For administrative grant provide total operating budget for the organization. An attachment such as a printout from a spreadsheet or the spreadsheet file is preferable.

Please attach and label as "Detailed Budget" and this section number.

Section 14. Tourism Related Impacts

Please answer as completely as possible, but if you do not know, or it is undetermined, please state so. Unless otherwise stated, questions refer to the FY16 Activity as proposed.

Is the Activity an annual event or do you hope that it will be?

Annual (it has occurred twice)

Hoped to be Annual

One Time Activity

If checked, do you plan to become self-sustaining

Yes No

If this event has occurred in the last two years, list the actual numbers next to estimated numbers for the activity under the previous two fiscal years*.

*If funded by the TDA, this number should match your after-action report, or the report should be amended.

2 years previous Estimated Total Participants

Actual

1-year previous Estimated Total Participants

Actual

Current Estimated Total Participants

Estimated

2 years previous Estimated Participants who travel more than 100 miles

Actual

1-year previous Estimated Participants who travel more than 100 miles

Actual

Current Estimated Participants who travel more than 100 miles

Estimated

2 years previous Estimated Overnight Stays for this Activity

Actual

1-year previous Estimated Overnight Stays for this Activity

Actual

Current Estimated Overnight Stays for this Activity

Estimated

2 years previous Organizational Paid Employees assigned to this Activity

Actual

1-year previous Organizational Paid Employees assigned to this Activity

Actual

Current Organizational Paid Employees assigned to this Activity

Estimated

2 years previous Paid persons as a result of this Activity (Not ordinarily on payroll, hired only for this Activity)

Actual

1-year previous Paid persons as a result of this Activity (Not ordinarily on payroll, hired only for this Activity)

Actual

Current Paid persons as a result of this Activity (Not ordinarily on payroll, hired only for this Activity)

Estimated

2 years previous Estimated volunteers to be involved in this Activity

Actual

1-year previous Estimated volunteers to be involved in this Activity

Actual

Current Estimated volunteers to be involved in this Activity

Estimated

2 years previous Estimated Value of Overnight Stays from Previous Activity*

*If funded by the TDA, this number should match your after-action report, or the report should be amended.

Section 15. Tourism Development Plan

A. Describe how the Activity will encourage persons to stay overnight in Swansboro lodging facilities.

B. Describe the other tourism related impacts of your activity to the Town of Swansboro.

C. Have any partnerships been made or are planned with Swansboro lodging facilities?

D. If you used a formula for any tourism related actual totals or estimates, describe the methodology used to derive the estimate.

Section 16. Volunteers

Does this Activity intend to use volunteers?

- Yes
- No

Section 17. Other Award Criteria Items

A. Does the Activity follow any of the goals adopted by Swansboro? This is not required but does add to the adopted criteria for consideration by the Authority. The goals are available by email or on the web.

B. Will the Activity be operated or performed in a manner that is consistent with standards for such activities?

C. Is there professional management or a demonstration of competence among the operators?

D. How does the involvement of the Authority or staff benefit this Activity?

Section 18. Certifications and Notices

Does the Organization agree to follow the financial guidelines of the Town of Swansboro, including no expenditures related to the grant before authorization? No payments will be made to the organization *

- Yes
- No

Does the Organization agree to adhere to other provisions and conditions described in the Instructions for this application? *

- Yes
- No

I certify that I am authorized to sign for the organization and that the information provided, including attachments, is true and correct to the best of my knowledge. I further certify that the organization I am signing for has reviewed and will accept the terms of the provided instructions if funding is approved.

Authorized Signer for Organization

I accept the conditions *

- Yes

* Indicates a required field

NOTES TO APPLICANT

- Applications may be submitted to:
Sonia Johnson, Finance Director
Town of Swansboro
601 W. Corbett Ave.
Swansboro, NC 28584
- A representative of the applicant will be required to attend the Authority meeting at which the application is to be considered.
- 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.
- Funding is normally provided on a reimbursement basis, based on submission of proper documentation of expenses incurred.
- 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.