



Application for Tourism Funding

Purpose: This application is the mechanism to apply for funds generated pursuant to VA State Code § 58.1-3819. Pursuant to § 58.1-3819, such designated funds shall be spent solely for tourism and travel, marketing of tourism or initiatives that, as determined after consultation with the local tourism industry organizations, including representatives of lodging properties located in the county; attract travelers to the locality, increase occupancy at lodging properties, and generate tourism revenues in the locality. ***Applicants must provide evidence that their event/project, (1) draws visitors to the county, (2) increases usage of lodging, restaurants, shopping venues, historical sites and (3) enhances visitor experiences to the county.***

Organization Information

Name of Organization: _____

Are you a Non-Profit? ___ Yes ___ No ___ Other _____

Please attach copy of non-profit certification.

Street Address: _____

City: _____ State: _____ Zip Code: _____

Contact Name: _____ Contact Phone Number: _____

Position/Title: _____

Contact Email: _____

Event/Project Title and Tourism Impact Information Identify the name of the event/project and how it will impact and support tourism:

Amount of Funds Requested and Projected Budget

Total Amount Requested \$ _____

When are the funds needed? _____

When will the funds be used? _____

Project/Event Details

Provide detail of your project(s)/event(s) budget to include specific with target dates, beginning and end dates, marketing plans (marketing estimates should be included in the budget), outline the marketing strategy with projected costs of organization's plans; including all advertising (signage, print, ads, press releases, web based social media, etc.). Please include projected income with budget information.

Please attach a separate sheet for this part of the application, if more space is needed.

How will this event/project enhance visitor experiences and/or draw visitors to the county? If more space is needed, *please attach a separate sheet to this application.*

For this event/project, identify partnerships and sponsorships with all other organizations. Please list name and contact information below:

Has funding or grants been requested and/or received from other organizations/agencies for this proposed project/event. Please list below the names and funding amounts requested or received:

If this event/project has been held previously, please attach a separate sheet with the financial statement of income and expenses, attendance numbers and demographics of attendees (local, county, state) if known.

Please check all applicable categories of tourist you will be targeting.

Retirees/Baby Boomers ___ Families _____ Millennials _____
Outdoor Rec Enthusiast _____ Historic Enthusiast _____ Wine Enthusiast _____
Art Enthusiast _____ Cyclist/Running Enthusiast _____ Business Travelers _____
Reunions _____ Sports Events _____ Food/Agriculture _____
Other (please specify) _____

Please indicate where the targeted market is located. Example – Out of State (specify which states), Within the Region (specify which regions), Cities (specify which cities) and projected estimates from each area.

Please provide any additional information you would like to be considered for this application.

Project/Event Summary Evaluation Report. A summary evaluation is required within 30 days following the project/event date by the Board of Supervisors with a copy to the Tourism Advisory Committee. This summary report should show measurable outcomes that relate to the project/event goals, including

financial, hotel guest rooms utilized and attendance by county and non-county areas, comparisons to previous year events and projected estimates.

Authorized Signature: _____

Date Submitted: _____

Procedures after completing this application:

Once the application is completed it may be submitted via e-mail to the County Administrator's Office to the attention of Ms. Lawanda Smith at the following address: lawandas@co.kinggeorge.state.va.us, or mailed to the attention of the County Administrator at 10459 Courthouse Drive, Suite 200, King George, VA 22485. Your application will then be forwarded to the Tourism Advisory Committee for review. It will then be presented to the King George County Board of Supervisors for consideration.

Please be sure that the application is complete in order to avoid a request of additional information which will delay the application.

Tourism Advisory Committee Action:

Actions:

Date _____ Application received by Administrative Office

Date _____ Provided to Tourism Advisory Committee

Date _____ Reviewed by Tourism Advisory Committee

Date _____ Tourism Advisory Committee requested additional information by applicant

Date: _____ Additional information received from Applicant

Submitted to BoS: Date: _____

Recommendation: _____

Board of Supervisors Determination:

Approved

Denied

Reasons for Decision:
