



**HENDERSON COUNTY TOURISM DEVELOPMENT AUTHORITY (HCTDA)
PRODUCT DEVELOPMENT GRANT APPLICATION**

Date of Application: _____

GRANTEE INFORMATION

Name of Organization/Business applying for PD Grant: _____

Project Title: _____

Contact Person Title _____

Address _____

Phone _____ Fax _____ Cell _____

Email: _____ Website: _____

Federal Tax ID#: _____

FOR PROFIT INCORPORATED YES NO

NON PROFIT – 501C STATUS YES NO OTHER: _____

Requested Grant Amount: _____ **Total Project Cost:** _____

ATTACHMENTS REQUIRED WITH APPLICATION:

- List of the Board of Trustees/Directors) and/or management team for the applying organization/business.
- Complete and detailed project description
- Budget for the project request
- Documentation of other funding (grants, cash match, sponsorships, donations, etc.)
- Certified cost estimates (Bricks & Mortar)
- Budget - Revenue & Expenses (All project applications)
- Marketing Plan promoting the development of funded project including required HCTDA recognition

ELIGIBILITY

Which of the following best describes the focus of your project?

- | | |
|---|--|
| <input type="checkbox"/> Development of Plans/Studies that support the tourism industry | <input type="checkbox"/> Festival |
| <input type="checkbox"/> Performances | <input type="checkbox"/> Historic Preservation project |
| <input type="checkbox"/> Art Project | <input type="checkbox"/> Exhibit |
| <input type="checkbox"/> Culture, Heritage, Nature/Outdoor based attraction enhancement | <input type="checkbox"/> Directional Signage (HCTDA Standards) |

Other projects that expand, strengthen and sustain local tourism

Describe:

PRODUCT INFORMATION

Briefly describe project scope: _____

Location of product (Bricks & Mortar): _____

or Date(s) of Event: _____ Event location: _____

Goals of the product: _____

Date work to begin on project/event: _____ Expected completion date: _____

GENERAL CRITERIA

Will your product/program/event increase visitation to Henderson County? YES NO

What is the estimated number of visitors to your event/attraction for the: 1st Year _____ 3rd Year _____ 5th Year _____

Provide an estimated percentage of attendees/users served by product:

Local _____ 40 miles away _____ 100 miles away _____ 500 miles away _____ Further _____

What is the estimated number of visitors that will stay in local accommodations? _____

Have grants been awarded or applied to your organization/business for this same product in the past? YES NO
If yes, list years received, type and amount of grant(s):

GRANTEE COMMENTS

Pitch why your organization/business thinks your product will be successful and positively impact our local economy:

SIGNATURE REQUIRED

Your signature on this application affirms that you legally represent the grantee (organization/business) in requesting funds from HCTDA and indicates that you read & accepted the Product Development Grant Guidelines.

Required _____ Date _____
Signature

Printed Name Phone _____

REIMBURSEMENT

If proposed project receives a grant from HCTDA, all required documentation should be submitted by deadline set by Grant Committee. Provide the following information for check processing purposes:

Mail Check To: _____
Organization/Business Name

Attention

Street Address

City State Zip

REQUIRED PRODUCT SUMMARY

Applicants are required to submit Product Development Summary Documents to HCTDA no later than **thirty days** after project completion provided in the application. Documents must include the following:

- Final Budget (Revenues/Expenses)
- Marketing materials recognizing HCTDA as funding source
- Economic Impact Survey Summary (All Projects Except Bricks & Mortar)
- Brief Project Summary
- Timeline Pictures of Project