

FRANKLIN COUNTY DESTINATION COOPERATIVE MARKETING PROGRAM PROGRAM APPLICATION – LARGE CAMPAIGNS

The Franklin County Destination Cooperative Marketing Program (DCMP) is funded through Franklin County occupancy tax revenues and managed by the Franklin County Local Development Corporation (FCLDC). The program is designed to offer local tourism-related businesses and organizations financial support to undertake independently developed marketing efforts through a reimbursable 50% matching grant. Businesses classified in one of the following tourism sectors are eligible to apply: Accommodation, Adventure and Recreation, Attraction, Event, Food and Beverage, Tourism Service, and Transportation. Visit www.franklinida.org/destination-cooperative-marketing-program to find guidelines, additional instructions, a link to the online submission form, and contact information.

DCMP has two categories – Small Campaigns between \$250-\$750 and Large Campaigns between \$751-\$15,000. **This application form is only for Large Campaigns.** There are four quarterly deadlines each year: November 30, February 28, May 31, and August 31. This is a competitive program and the purpose of this application is to help the applicant demonstrate that the proposed project meets program eligibility requirements and goals.

Application Submission Instructions
<ol style="list-style-type: none"> 1. Applications must be completed as a fillable .pdf using Adobe Acrobat, Adobe Acrobat Reader or another compatible application that includes an electronic signature tool. Adobe Acrobat Reader DC may be downloaded for free at https://get.adobe.com/reader/. Handwritten applications will not be accepted. 2. The signature field in the Certification Section must be completed using the Fill & Sign Tool in Adobe Acrobat, equivalent tools available in other applications, or hand-initialed, hand-signed, and scanned. 3. The application form and all attachments must be submitted via web form at https://tinyurl.com/yygre9cf. The web form allows attachments to be uploaded separately. All attachments must be uploaded in .pdf format.

GENERAL INFORMATION		
<i>Instructions: Complete all applicable fields.</i>		
Primary Organization or Business Name:		
Contact Person Name:		
Address:		
City:	State:	Zip:
Phone 1:	Phone 2:	
Email:		

MARKETING CAMPAIGN/TACTIC DESCRIPTION
<i>Instructions: Describe your project in detail.</i>

PROJECT BUDGET

Instructions: Provide a budget for the proposed project. If applicable, break the budget into components (e.g. ad design, ad cost, web design). 'Funding Request' is the amount of funding requested from the Program and must be between \$751 and \$15,000. Funding cannot exceed 50% of the total project cost.

Budget Component	Estimated Cost
1.	
2.	
3.	
	Total Project Cost:
	Funding Request:
	(Total Project Cost – Funding Request) Applicant Match:
	(Funding Request / Total Project Cost; cannot exceed 50%) Request Percentage:

PROJECT TIMELINE

Instructions: Provide a project timeline. List each major milestone and its completion date. Campaigns must be completed within one (1) year of the award date.

Milestone	Completion Date
1.	
2.	
3.	

IMPACT ON OVERNIGHT VISITATION

Instructions: Describe in detail how the project will impact overnight visitation in Franklin County.

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PERFORMANCE METRICS

Instructions: List Key Performance Indicators (KPIs) you will use to evaluate the effectiveness of the campaign

KPI
1.
2.
3.

PARTNERS

Instructions: List all partners included in the proposed campaign. Applications with multiple partners are encouraged but not required.

Partner Name	Tourism Sector (Select One)
1.	
2.	
3.	

ATTACHMENTS

Instructions: Attach any documentation that supports the application. Attachments may be uploaded as .pdf format.

Information that <u>may</u> be submitted with application:	
Marketing Plan / Creatives / Designs	✓
Other (Please Describe):	

AFFIRMATIONS

Instructions: All questions must be answered affirmatively to be eligible for cooperative marketing funding.

	Yes ✓	No ✓
1. Are all lodging partners registered with the Franklin County Treasurer? (Leave blank if there are no partner lodging businesses)		
2. Will the applicant and all partners share KPIs from the project?		

CERTIFICATION

I hereby certify that all information, which has been or will be furnished in support of this application, is given for the purpose of obtaining funds through the Franklin County Destination Cooperative Marketing Program and that all information submitted has been examined and approved by me and is true, correct, and complete. I understand that this information will be used to assess and rank my proposed project in accordance with funding criteria. I agree to abide by all requirements to be set forth in connection with said program and the penalties and provisions of all applicable local, state, and federal laws pertaining to falsification of any item contained herein or fraudulent misrepresentation of my business. I understand that this is a competitive award program and that my project may not be awarded funding. I agree that verification of any information contained herein may be obtained.

I also hereby certify that to the best of my knowledge, neither I nor my spouse, child, close relative, general partner, or any organization for which I am serving as an officer, director, trustee, general partner or employee, has a financial interest in or with the Franklin County Local Development Corporation, or in or with any person that will have decision making authority with regard to this grant request.

I further certify to the best of my knowledge that this application, if it is approved, will not affect the financial interests of any member of my household; no relative with whom I have a close relationship; no one with whom my spouse, parent or dependent child has or seeks employment; and no organization with which I am seeking a business relationship nor which I now serve actively or have served within the last year.

I also acknowledge my responsibility to disclose the acquisition of any financial or personal interest as described above that would be affected by the matter, and to disclose any interest I, or anyone noted above, has in any person or organization that does become involved in, or is affected at a later date by, the conduct of this matter.

Applicant Name	Applicant Signature	Date
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