

FRANKLIN COUNTY

DESTINATION EVENT SPONSORSHIP PROGRAM

PROGRAM APPLICATION

The Franklin County Destination Event Sponsorship Program (DESP) is funded through Franklin County occupancy tax revenues and managed by the Franklin County Local Development Corporation (FCLDC) and designed to offer direct financial sponsorship. Awards will be between: \$250 - \$1,000 (based on event attendance, impact, and need).

Visit www.franklinida.org/destination-event-sponsorship-program to find guidelines, additional instructions, a link to the online submission form, and contact information. It is the responsibility of the applicant to provide accurate and complete information within this application. Applications are accepted on a rolling basis.

Application Submission Instructions
<ol style="list-style-type: none"> 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. 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. The application form and all attachments must be submitted via web form at https://tinyurl.com/y69hxuse. 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:			

SPONSORSHIP REQUEST
<i>Instructions: Identify the funding amount being requested.</i>
Sponsorship
\$

EVENT DETAILS	
<i>Instructions: List event details.</i>	
Event	
Name	
Physical Address	
Date and Time	
Anticipated Attendance	

EVENT SPONSORSHIP USE

Instructions: Specific to the funds you are requesting, please detail below how this money will be spent.

EVENT IMPACT

Instructions: Describe how the event will enhance the visitor experience.

PERFORMANCE

Instructions: List Key Performance Indicators (KPIs) you will use to evaluate the event.

KPI

1.

2.

3.

AFFIRMATIONS

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

	Yes ✓	No ✓
1. Will the event will be located in Franklin County?		
2. Will the event will be open to the public?		
3. Will the applicant share KPIs from the event?		

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 Event Sponsorship 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.

Use Fill & Sign Tool to add signature here

Applicant Name

Applicant Signature

Date