

## PCTDA GRANT APPLICATION

**Project Name:**

**Name of Organization:**

**Contact Name & Title of Person/s Preparing Grant:**

**Mailing Address:**

**Street Address (if different from mailing address)**

**Phone Number:**

**Email address of contact person/s:**

**Email address of organization:**

**Web address of organization**

**How long has the organization been in existence?**

Project Name:

AMOUNT REQUESTED FROM PCTDA:

Is the Organization a 501 C 3?                      If so, please list your number:

Has the Organization applied for grant funds from TDA previously?

If yes, what years:

Organizations' Annual Operating Budget: \$

Organizations' fiscal year begins:                      Fiscal year ends:

This project/program begins:                      Ends:

List other grants or funding requests for which you have applied. Include the amount requested and the status of each request. (i.e.: pending, approved, denied)

Attach the project/program's all revenue sources, amounts and list expenses by categories.

(If this grant request is for more than \$10,000, a copy of the most current 990 Tax Return should be submitted along with documents showing Income and Expenses for the current year. This grant request must be presented to the TDA Board in person.)

NOTE: Please attach a list of the organizations' governing body: Board of Directors, Chief Officers, and Ex-Officio Members.

**Project Name:**

**Please explain how this proposed grant project/program will promote tourism in Person County or is tourism-related.**

**Describe the objective of the project/program and indicate what changes and benefits will result if awarded the TDA Grant.**

**Project Name:**

**Describe the strategies you will use to accomplish to accomplish the objectives.**

**Describe in detail the intended use of the TDA Grant Funds, if awarded.**

**Project Name:**

**Please explain how the organization will market, promote and brand the event/project outside a 60 mile radius:**

**Please explain how the organization will market, promote and brand the event/project inside a 60 mile radius:**

**Project Name:**

**If this is an event/project/program the organization has had before, how will this year's be different from where it started and where do you see it going in the future?**

**If this is a specific event for people to attend, what is your projected attendance?**

**How will you measure the attendance?**

**Percentage of overnight visitors estimated:**

**Has the organization worked with a local hotel on blocks of rooms and if so, which hotel/s:**

**If this is grant for an acquisition of equipment, exhibit pieces, or capital improvement, how will it be used and what impact will it have on the tourism program?**

**Project Name:**

**Please add any other remarks and/or special requests you feel are significant to this grant request.**

**As the preparer of this Grant, I hereby certify and acknowledge through my signature that the information contained in this grant application is true and accurate to the best of my knowledge and that I have read the instructions and our organization is in compliance.**

**Signature:**

**Printed Name**

**Title:**

**Date:**

**As the Director/President/CEO of the Organization requesting grant funds, I hereby certify and acknowledge through my signature that the information contained in this grant application is true and accurate to the best of my knowledge and that I have read the instructions and our organization is in compliance.**

**Signature**

**Printed Name**

**Title:**

**Date:**

**FINAL ACCOUNTING REPORT**

**END OF PROJECT/PROGRAM ACCOUNTABILITY FORM**

**(TO BE SUBMITTED WITH 30 (THIRTY) DAYS FO THE COMPLETION OF THE GRANT)**

**ORGANIZATION:**

**PROJECT NAME:**

**CONTACT:**

**MAILING ADDRESS**

**PHONE;**

**E-MAIL ADDRESS**

**AMOUNT AWARDED:**

**AMOUNT SPENT:**

**DATE PROJECT/PROGRAM COMPLETED:**

**BREIF PROJECT/PROGRAM DESCRIPTION:**

Project Name:

**EVALUATION OF OVERALL PROJECT:**

**EVALUATION OF VISITOR ATTENDANCE OUTSIDE OF A 60-MILE RADIUS OF PERSON COUNTY. Please tell us how you tracked your attendance and give us towns/states represented with numbers of attendees.**

**EVALUATION OF VISITOR ATTENDANCE WITHIN A 60-MILE RADIUS OF PERSON COUNTY. Please tell us how you evaluated your numbers from inside a 60-mile radius. List the towns/states represented with numbers of attendees.**

Project Name:

**LIST SPECIFIC HOTELS/CABINS/EXTENDED STAY FACILITIES THE EVENT USED & NUMBER OF ROOMS. Please tell us the tracking method you used for these figures.**

**PLEASE DESCRIBE HOW SUCCESSFUL YOU FEEL THIS EVENT WAS FOR PROMOTING OVERNIGHT VISITATION IN OUR AREA.**

Project Name:

**DESCRIBE HOW TDA GRANT MONEY WAS USED TO SUPPORT THIS PROJECT.**

**ATTACH ALL EXAMPLES OF THE MEDIA USED FOR THIS EVENT.**

**DO YOU PLAN TO HAVE THIS EVENT/PROGRAM NEXT YEAR?**

**PLEASE INCLUDE A COPY OF ALL PAID RECEIPTS FOR PURCHASES FOR WHICH THIS GRANT WAS USED.**

**If this is a reimbursement grant, a check for the approved amount that has complete documentation will be mailed to you within 14 (fourteen) business days of the receipted documentation and information. If the approved funds were given to you prior to the event/program/project/purchase, please be sure the receipted documentation balances with your grant request. Any monies not spent must be returned to the TDA within 60 (sixty) days. Failure to comply could put any future grant approvals in jeopardy.**

Thank you for requesting funds from PCTDA and we hope the funds benefited your event/project/program.

Please sign below:

I hereby certify that the information contained in this Final Accounting of the Grant is true and accurate to the best of my knowledge.

Signature of Person/s Responsible for Grant:

Printed Name/s:

Title:

Date:

Please return the Final Accounting paperwork to:

PC Tourism Development Authority

29 Reams Avenue (no mail sent to this address, please)

P. O. Box 1775

Roxboro NC 27573

For questions, please call or email the TDA office and not individual Board Members:

Email: [personcountytda@personcounty.com](mailto:personcountytda@personcounty.com)

phone#: 336.597.2689

