

**Scotland County Tourism Grant Program
2009-2010 Application**

For Grant Committee Use Only:

Amt. Requested _____	Application # _____
Amt. Recommended _____	Date Rcv'd: _____
Board Approved _____	Interview Day _____
	Interview Time _____
	Other _____

Application Must Be Received 90-days ahead of the event/date the money is needed.

1. Contact Information

- Organization:
- Address:
- City, State, Zip:
- Email:
- Phone Number:

The name of the individual(s) who will champion this grant and be present at interview if needed:

Their phone number if different from above:

2. Have you or your organization requested money from the TDA in the past 24-months? If yes, please provide an overview of when, what the request was for, the amount requested and whether the request was accepted.

3. Grant Amount Requested for this application:

4. Brief Project Description (Give a one-line description summarizing project):

5. Detailed Project Description: (Describe the project, its timetable, the methods and procedures proposed, the goal or intended result, and the need for the funds. Attach extra sheet if needed.)

6. Will this project be done without this tourism grant?

7. How will this project help bring additional visitors to Scotland County and how many out-of-town visitors are anticipated?

8. How will this project affect Scotland County Hotels and Motels? Specifically, how many hotel rooms do you anticipate this project will help facilitate/generate?

9. In what other ways will this project benefit the Scotland County economy?

10. How can your organization further support the efforts of the TDA? E.g., provide emails addresses of those that order tickets, attend an event, participate in a tournament.

11. Is this a regular, annual or one-time project? (If annual, how many years has it been done?)

12. List estimated total income and expenditures of project below:

Project Financial Statement

(under income, show all expected sources including this grant request)

Project Income

Source	Amount
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Total:

Project Expenditures

Category	Item	Budget	Purpose
Total		\$ _____	

Balance (profit or loss) \$ _____

13. What is your organization's total annual budget?

14. List below the sources of income of your Total Annual Budget?

Sources	Amount
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
Total \$	

15. If awarded this grant, to whom should the check be made payable?

16. Name and address for mailing grant check:

As the official representative for this organization, I believe the above information to be true.

Signature:

Name:

Title:

Date:

Email address:

Phone Number:

Important: Email completed form to the TDA and *mail or deliver one (1) hard copy application. If you are providing additional support handouts, such as brochures, please provide those in quantities of 10 and hole-punch, if possible.*

Return to: Mr. Cory Hughes
Scotland-tda@hmgresults.com

Mailing Address:
Scotland County Tourism Development Authority
PO Box 345
Laurinburg, NC 25353

Application deadline is: 90 days before the event/date money is needed.