



2019-2020 DURANT TOURISM ECONOMIC DEVELOPMENT TAX
TOURISM PROMOTION FUND
GRANT APPLICATION

Dear Applicant,

Attached please find the 2019-2020 Tourism Promotion Fund Grant Application.

The Durant Tourism Economic Development Tax Trust Authority, hereinafter referred to as the DTEDT Trust Authority, allocates funding from the tourism tax provided by our lodging facilities within the city of Durant to market and promote regional activities, attractions, and events in the City of Durant and surrounding area. The DTEDT Trust Authority reviews the Tourism Promotion Grant Applications and makes recommendations on allocation.

There are two (2) different categories, those seeking funds \$2,500.00 and below and those seeking funds \$2,500.01 to \$10,000.00.

Funding is very limited and the grant process is very competitive. Receipt of funds in one year is not a guarantee of receiving funds, or the same amount of funding, in subsequent years.

Review the entire application and all instructions prior to beginning work on it. Contact the Durant Area Chamber of Commerce at 580-924-0848 with questions.

Review your application completely before submitting it and make sure you have followed all instructions.

The DTEDT Trust Authority complies with all applicable state and federal laws and does not discriminate in any manner.

Sincerely,

DTEDT Trust Authority



INSTRUCTIONS

2019-2020 DURANT TOURISM ECONOMIC DEVELOPMENT TAX TOURISM PROMOTION FUND GRANT APPLICATION

Eligible projects shall provide for the development and promotion of tourism within the City or region. Categories of award may include:

***Special Events.** This includes events to draw visitors to the City of Durant or region, encourage longer visits, or extend the length of the tourism season.*

PROGRAM DATES

Applications Available: **July 1, 2019**

**Applications Due at Discover Durant,
Durant Area Chamber of Commerce:** **90 days prior to event date**

Target Award Date: **30 days prior to event date**

***Note:** The DTEDT Trust Authority reserves the right to take whatever time is necessary to make their respective final determinations.*

INSTRUCTIONS

1. Applications **MUST BE RECEIVED** by the DTEDT Trust Authority at the Durant Area Chamber of Commerce 90 days prior to event date. All applicants must submit one electronic copy in PDF form to discoverdurant@gmail.com AND one (1) original copy to:

Discover Durant
Durant Area Chamber of Commerce
215 N 4th Ave
Durant, OK 74701

2. Late or incomplete applications will not be considered.
3. Applications will be evaluated first on compliance with eligibility requirements and then on responses to the selection criteria. The DTEDT Trust Authority reserves the right to fund applications in whole, in part, or not at all, and to reject any or all applications.
4. Applications and all materials submitted to the DTEDT Trust Authority may be subject to disclosure pursuant to the Oklahoma Open Records Act.
5. No cover letter or table of contents will be accepted. Cover letters and tables of contents submitted with applications will be discarded and not considered.
6. No double-sided printing will be accepted.
7. Applications that are bound and those that use dividers or tabs that prevent the DTEDT Trust Authority from easily photocopying or handling the applications will be rejected. Do not bind applications or use dividers or tabs.
8. This application consists of these instructions, (1) the Summary Form, (2) the Selection Criteria Questions, and (3) Attachments.
9. The final application submitted to the DTEDT Trust Authority must include:
 - Completed and signed Summary Form
 - Use of Funds Summary (250 words)
 - Responses to Selection Criteria Questions (3 pages)
 - Attachments in proper order
10. The DTEDT Trust Authority is the sole decision maker for grants awarded through the DTEDT Trust Authority.
11. The DTEDT Trust Authority is responsible for all activities regarding the distribution of funds through the 2019-2020 Grant Cycle and may solicit information from any source as needed in conducting this work.
12. The DTEDT Trust Authority reserves the right to issue or not to issue supplemental statements regarding these instructions or any aspect of the grant program on an as-needed basis, and to perform any and all due diligence that may be required in the discharge of its obligations. Applicants may be required to provide additional information or to participate in pre-award interviews, as needed.



SUMMARY FORM

APPLICANT INFORMATION	
NAME:	
MAILING ADDRESS:	
APPLICANT CONTACT NAME:	
TITLE:	
ARE YOU THE PRIMARY CONTACT FOR THIS GRANT:	YES NO
EMAIL:	
TELEPHONE:	
FEIN:	
DATE(S) OF EVENT:	

GRANT REQUEST AND FINANCIAL INFORMATION	
GRANT AMOUNT REQUESTED FOR 2019-2020:	
TOTAL OF ALL CURRENT CASH RESERVES:	
TOTAL APPROVED BUDGET FOR FISCAL 2019-2020 (CURRENT BUDGET YEAR):	
TOTAL ACTUAL OPERATING EXPENSES FOR FISCAL 2018-2019 (PRIOR BUDGET YEAR):	
TOTAL INCOME FROM ALL SOURCES FOR FISCAL 2018-2019 (PRIOR BUDGET YEAR):	
PERCENTAGE OF FISCAL 2018-2019 TOTAL INCOME FROM TOURISM GRANTS FUND, IF ANY:	
BRIEF PROJECT DESCRIPTION -- IN A SEPARATE DOCUMENT, ANSWER THESE THREE QUESTIONS BELOW IN 250 WORDS <u>TOTAL</u> OR LESS: <ul style="list-style-type: none"> • What does your organization do? • How will grant funds be used? • How will you measure success? <p style="text-align: center;">*Please specify word count on project description document.*</p>	

SELECTION CRITERIA

Selection Criteria: All applicants must respond to the following questions in no more than three (3) pages total. The three-page limit applies only to your answers to these questions, not to the Summary Form, Use of Funds Summary, or Attachments. Twelve (12) point font or greater and one (1) inch page margins (top, bottom, left and right) required. No double-sided printing.

In a separate document, please answer every question, restating in full the question you are answering. Number all questions. Number all pages. Do not reduce font size below 12-point font.

1. Please describe your special event. Make sure to define the site, area or location, including a map if appropriate.
2. Provide an implementation plan for your proposal including a budget. How specifically will grant funds be used?
3. Highlight the desired goals and outcomes to be achieved with the Durant Tourism Economic Development Tax funds. How will you define and measure your success as related to this funding request?
4. Describe your income stream(s) including fundraising efforts. If you are the local chapter of a national entity, explain how much funding it provides. Have you used City funds to receive additional funds from other sources?
5. Describe your paid professional staff and your level of volunteer involvement.
6. Explain how your proposal supports the development or promotion of tourism within the City.
7. How will your organization measure the number of tourists and the financial impact on tourism from your proposal? Please estimate the positive financial impact on the community.
8. Explain how your event relates to the Durant tourism season? Will the event draw visitors or encourage longer visits? What is the total number of attendees expected? Of those, how many will be from Durant?
9. How many overnight stays in Durant hotel rooms do you estimate this event will generate? What is the estimated length of stay?
10. Does the proposal increase the aesthetic or social experience of visitors to Durant?

APPLICATION CHECKLIST

SUBMIT THIS APPLICATION WITH THE FOLLOWING REQUIRED DOCUMENTS IN THE FOLLOWING ORDER:

- Summary Form (two pages)
- Brief Project Description (250 words max)
- Response to Selection Criteria Questions (in narrative form on your own paper, maximum three pages, 12-point font, all page margins one inch)
- Site or Event Map
- Proposed Budget
- Implementation Schedule

ATTACHMENTS:

- Copy of IRS determination letter as to 501(c)(3) status
- List of current Board of Directors and Officers
- List of all major contributors (\$1,000 and above) and amounts contributed, highest to lowest
- Year-end financial statements for fiscal year most recently ended
- IRS Form 990 (most current available)
- Approved budget for current fiscal year

By signing below, the applicant hereby certifies and warrants that any and all statements and representations made in this Grant Application are true and correct and may be relied upon by the DTEDT Trust Authority.

Authorized Signature: _____ Date: _____
(from applicant organization) *(mm/dd/yyyy)*

Printed Name and Title:

**Official form of the Durant Tourism Economic Development Tax Trust Authority.
Do not alter or change this form in any manner.
Submittals not using official forms or using altered forms may be returned without notice.**

For Official Use Only:

Date Received: _____ By: _____
Date: _____ Approved / Denied (If Approved Date of Wrap-up: _____)

NOTE: This attachment is for reference information only. If you cannot comply with terms of grant agreement, please do not submit your application.

DURANT TOURISM ECONOMIC DEVELOPMENT TAX TRUST AUTHORITY GRANT AGREEMENT

Dear DTEDT Trust Authority Grant Recipient:

By Signing Below, I agree to:

- Complete the project as described in the terms of accepted grant.
- Send any collateral materials (flyers, brochures, etc.) to discoverdurant@gmail.com for placement on Discover Durant website/social media accounts.
- Forward any copies of press related to project/event described in grant to discoverdurant@gmail.com.
- Submit Enclosed Wrap-up Report (*provided once grant is approved and agreement is signed*) to discoverdurant@gmail.com by (Sample Only – Do Not Sign) (30 days after event has ended).

All print ads and materials must carry the Discover Durant logo and www.discoverdurant.com, and all radio and TV ads must carry the same tag line as part of the audio. A logo will be provided upon approval. Failure to comply with these requirements, cancellation or change of event from that which was presented, or the use of any logo other than the one provided will result in consideration by the DTEDT Trust Authority to either disqualify the event from future funding, and/or request remittance of the funds granted.

Today's Date: _____ (Sample Only – Do Not Sign)

Signed: _____ (Sample Only – Do Not Sign)

Printed Name: _____ (Sample Only – Do Not Sign)

Name of Group/Organization: _____ (Sample Only – Do Not Sign)

Please Return Original to DTEDTA and retain the copy.

DTEDTA/Discover Durant
215 N 4th Ave, Durant, OK 74701
discoverdurant@gmail.com
580-924-0848 | www.discoverdurant.com

Chairman or Co-Chairman of the DTEDT Trust Authority

Date