

**Cambridge/Guernsey County Convention and Visitors Bureau
2024 Grants Assistance Program
APPLICATION FOR FUNDING**

Please type or print clearly and complete all information. Additional pages may be used as necessary.

Name of event, project or program: _____

Date of event, project or program: _____

Applying Organization

Name: _____

Address: _____

City/State/Zip: _____

Federal Tax ID#: _____

Provide proof of your not-for-profit status _____

Contact Person/Title: _____

Phone/Fax/Email: _____

Name of treasurer or fiscal agent responsible for event project finances:

Provide a list of members of the board of trustees/directors, if applicable:

Event, Project or Program

Location of event, project or program:

Please describe event, project or program:

- Brief general narrative

- Outline goals

- Indicate economic impact to Guernsey County

- How results will be measured

- Anticipated attendance/participants this year

- Estimate the number of people who will come from more than 100 miles to participate

- Estimate the number of overnight stays for attendees/participants

- List any additional sponsors

Marketing, Advertising and Promotion

Feel free to include samples of past promotional efforts and any resulting publicity.

- Outline media plan (print, radio, tv, website)

- Outline plan to target areas outside Cambridge/Guernsey County

- Indicate how any flyers, posters and/or brochures may be distributed

- Indicate how a mailing may be used (number, distribution)

- Outline any additional marketing, advertising and promotion plans

- If you do not receive GAP funding, how will you accomplish your event, project or program?

- Is this an annual event, project, program?

- If yes, how many years has it been held?

- What was the overall budget for 2022_____ 2023_____?

- How much was spent on advertising in 2022_____ in 2023_____?
 - Did you make a profit in 2022_____ in 2023_____?
1. **All grant recipients will credit the Cambridge/Guernsey County VCB for their support by using the Bureau’s logo, website address, and toll free number and the following copy in all printed materials and media. Marketing material must be approved by the executive director of the VCB before printing to ensure the credit is correct.**

**“Supported by a grant from the
Cambridge/Guernsey County Visitors & Convention Bureau”**

Overall Budget

Income – Revenue & Support

Tourism Grant \$ _____

Other Support/Grants \$ _____

Revenue \$ _____

Other \$ _____

Total Income: \$ _____

Expenses

Personnel \$ _____

Administration/Operations \$ _____

Outside Fees \$ _____

Marketing/Promotion* \$ _____

Other \$ _____

Total Expense: \$ _____

Amount of grant request: \$ _____

- Please indicate how GAP funds will be spent:

*The final report must include:

1. Sample advertisements placed using the Cambridge/Guernsey County logo and toll free number with the proper wording
2. Proof of payment: paid invoices and copies of checks
3. A written request for reimbursement to the Cambridge/Guernsey County VCB for review. This request must include a written summary outlining the number in attendance, advertising response

and comments about the success of the event. Please include suggestions on improving the event in future years.

Applicant Signatures

Authorized Official's Signature

Name	Title	Date
------	-------	------

Board President's Signature

Name	Title	Date
------	-------	------

All applications must be in the Cambridge/Guernsey County VCB office by **March 1, 2024**.

Please mail or hand deliver to:

**Grants Assistance Program
Cambridge/Guernsey County VCB
627 Wheeling Ave., Suite 200
Cambridge, Ohio 43725**