

# Multi-Regional: 2021 Idaho Regional Travel and Convention Grant Program

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Applicant

Applicant ID

Company Name

Recipient Address

Status

## Verification of Eligibility

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Enter organizational information and upload eligibility documents. This section will be scored by the following criteria:

- Key application elements are completed, necessary documents are uploaded.
- Presence of an adequate financial management system and ability to administer grants.

**Question:** Applicant Organization Legal Name

**Question:** Chief Official Name and Title

**Question:** Chief Official Email

**Question:** Grant Manager Name and Title

**Question:** Grant Manager Email

**Question:** Grant Manager Phone

**Question:** Employer Identification Number (EIN)

**Question:** Eligible applicants are non-profit, incorporated organizations. Upload the Articles of Incorporation with applicable amendments (name changes or tourism added as a focus), as well as the most recent annual report from the Idaho Secretary of State website.

**Question:** Upload the organization's "Return of Organization Exempt from Income Tax" (Form 990) here. Only the first page with submission dates and signatures is needed.

**Question:** Applicants partnering with a for-profit entity may have a conflict of interest that must be declared. If staff or board members of the applicant organization will be providing services for profit, the relationship must be declared and detailed below.

**Question:** I have read and understood question 10.

Yes

No

**Question:** Describe your organization and give a brief description of how your organization's mission meets the goals of the Idaho Travel Council Grant Program and the needs of your region.

**Question:** Describe your organization's ability to administer grants and the qualifications of the grant manager.

**Question:** Describe your organization's financial management processes (including signing authority process and separation of duties) and financial management systems.

## Marketing Plan

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The Marketing Plan will be scored by the following criteria:

- Proposed Marketing Plan addresses the current needs of the region.
- Shows evidence that other resources are not available, or insufficient, to support the Marketing Plan and that requested funds are sufficient to accomplish it.
- Goals and objectives can be accomplished within a reasonable time frame.
- Marketing Plan demonstrates a sound methodology for measuring achievement.
- Marketing Plan has long lasting benefits beyond the grant cycle.
- Translates new ideas, creativity and technologies into tangible successes.

**Question:** If you were a grant recipient in 2019/2020, detail your top three (3) successes that were funded by the grant. Indicate the activity, the dollar value spent, and the return on investment. If you are not a prior grantee indicate N/A.

**Question:** Describe your 2021 marketing plan and the goals and objectives you have for this grant application.

## Regional Impact & Support

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This section will be scored by the following criteria:

- Proposed Marketing Plan will increase local/regional awareness and encourage visitors to stay longer or promote intra-region (across multiple regions) travel.
- Details contributing partners who will participate in and benefit from the Marketing Plan, including anticipated cooperative advertising budgets and percent contributed by partners.

**Question:** How does the proposed marketing plan increase local and regional awareness and encourage visitors to stay longer in the region?

**Question:** How does the proposed marketing plan promote intra-regional travel?

**Question:** Explain who the contributing regional non-profit partners are and their participation in the Marketing Plan. Include details for any cooperative advertising, whether it's with non-profit organizations or other grantees.

**Question:** Explain for-profit partnerships (including industry partners) inside of your region participation in the Marketing Plan. Include details for any cooperative advertising, whether it's with local businesses or organizations.

**Question:** Explain who the contributing non-profit partners are outside of your region and their participation in the Marketing Plan. Include details for any cooperative advertising, whether it's with non-profit organizations or other grantees.

**Question:** Explain for-profit partnerships (including industry partners) outside of your region participation in the Marketing Plan. Include details for any cooperative advertising, whether it's with local businesses or organizations.

## Budget

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This section will have questions that correspond with the budget form. Please explain each line item individually to match your budget or use "N/A" if you plan not to implement funds from that section. Include any cooperative advertising, whether it's with local businesses/organizations, other grantees, or Idaho Tourism.

The following templates are required to be completed and uploaded where indicated below. Use one cash match letter for each cash match contributor. All letters must be signed.

- [Budget Detail Spreadsheet](#)
- [Letter of Cash Match \(pledge from partners\) - template](#)
- [Letter Declaring Cash Reserves - template](#)
- [Wages as Cash Match Form - template](#)

**Question:** 2.0 Describe your Advertising Plan. Include all details for Print, Out of Home, Audio, and Digital Advertising applicable. Include any anticipated specific vendors and media partners. Please provide details to correspond to your uploaded budget.

**Question:** 5.0 Describe your plan for Website Development, Maintenance or Redesign (if not applicable, enter N/A).

**Question:** 6.0 Describe any planned FAM Trips or Site Visits (if not applicable, enter N/A).

**Question:** 7.0 Describe your proposed Sponsorships and indicate whether these are Major Event Sponsorships, Conventions, Meetings, or Sports Events (if not applicable, enter N/A).

**Question:** 8.0 Describe any Trade and Travel shows your organization plans on attending using grant funds. Include details for both Industry Trade Shows and Consumer Travel Shows (if not applicable, enter N/A).

**Question:** 9.0 Describe your request for Capital Purchase. Allowable capital includes trade show booths and electronic equipment essential to administering the grant or marketing the area. Electronic equipment must be less than \$500 (if not applicable enter N/A).

**Question:** 10.1 Describe any planned participation in Training & Professional Development. Please include details regarding ICORT, ESTO, DMAI, and DMA West (if not applicable enter N/A).

**Question:** 10.2 Describe your plan for Public Relations. Include descriptions of any Media FAMs, Influencer Engagement and/or any content creation (if not applicable enter N/A).

**Question:** 10.3 Describe your plan for Market Research. Be sure to include a description of how it relates to Tourism Marketing (if not applicable enter N/A).

**Question:** 1.8 Administration funds are available to all applicants. An amount equal to 10% of the amount awarded, up to a maximum of \$50,000 is allowable. Are you requesting administration funds?

Yes

No

**Question:** Question: If you answered "yes" describe the expenses you anticipate for Administration costs (if not applicable, enter N/A).

**Question:** If you answered "no" to administrative funds, please explain why (if not applicable, enter N/A).

**Question:** Upload the completed Budget Detail Spreadsheet

**Question:** Upload your organization's proposal for an Annual Apportionment Rate (AAR)

here. If you are not planning on requesting reimbursement for overhead, you do not need to complete an AAR proposal.

**Question:** If cash match from partners are used, upload the signed template letters of cash match here.

**Question:** If you plan to use cash reserves or wages as cash match to meet the match requirement, upload your organization's declaration of available cash reserves and/or your completed wages as cash match form.

**Question:** Upload optional, non-cash letters of support here.

## Submission

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Your identity has been authenticated through the login process with a unique email address and password available only to you. You agree that by typing your name, title, and date below, you are electronically signing the application. By electronically signing the application, you acknowledge and represent that you understand and accept all the terms and conditions stated within the application and declare that the information provided is true and that the documents you are submitting in support of your application are genuine and have not been altered in any way.

**Question:** Type your name.

**Question:** Type your title.

**Question:** Type the submission date.