

Multi-Regional: 2024 Idaho Regional Travel and Convention Grant Program

Applicant	GMS Test
Applicant ID	APP-006330
Company Name	GMS Test
Recipient Address	GMS Test
	,
Status	Draft
Funded	<input type="checkbox"/>

Verification of Eligibility

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

Not Answered

Question: Chief Official Name and Title

Not Answered

Question: Chief Official Email

Not Answered

Question: Grant Manager Name and Title

Not Answered

Question: Grant Manager Email

Not Answered

Question: Grant Manager Phone

Not Answered

Question: Employer Identification Number (EIN)

Not Answered

Question: Eligible applicants are non-profit, incorporated organizations. Upload the Articles of Incorporation with applicable amendments (name changes or tourism added as a focus).

No Attachments

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.

No Attachments

Question: Upload the most recent annual report from the Idaho Secretary of State website.

No Attachments

Question: Describe your organization's mission/purpose and organizational structure.

Not Answered

Question: Upload your organization's bylaws.

No Attachments

Question: Upload your organization's Board members and their contact information.

No Attachments

Question: Provide a document that depicts your Board's approval to apply for the ITC Grant. E.g., signed letter, meeting minutes, resolution, email communication, etc.

No Attachments

Question: Partnering with a private entity may be an apparent or potential conflict of interest that must be declared. If staff or board members of the organization may be providing services, the relationship must be detailed below.

Not Answered

Question: Our organization understands that if a potential or actual conflict of interest is discovered, it must be reported to Commerce immediately.

Yes

No

Question: 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.

Not Answered

Question: Describe your organization's ability to administer grants and the qualifications of the grant manager. Please note, any new administrators to the program will be required to attend training before funds can be reimbursed.

Not Answered

Question: Describe your organization's financial management processes (including signing authority process and separation of duties) and financial management systems. This must include how funding, budget, and payment are approved.

Not Answered

Question: I have read and understand the ITC Handbook Guidelines, ITC Program Memos, and application attachments.

Yes

No

Marketing Plan

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 recipient in '22/'23, detail 3 successful campaigns funded by the grant. Indicate the activity, dollar value spent, and a detailed accounting of return on investment to show the impact of dollars spent in your area. If not a recipient, N/A.

Not Answered

Question: Describe your 2024 marketing plan and the goals and objectives you have for this grant application.

Not Answered

Question: Describe how you will measure success of your proposed marketing plan, if funded.

Not Answered

Question: Describe how your marketing plans are developed, approved, managed, and funded.

Not Answered

Regional Impact & Support

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?

Not Answered

Question: How does the proposed marketing plan promote partnerships outside of your region and tourism throughout the state?

Not Answered

Question: Describe 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.

Not Answered

Question: Describe 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.

Not Answered

Question: Describe 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.

Not Answered

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

Not Answered

Budget

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.

- [ITC Grant Application Budget](#)
- [ITC Cash Reserves Letter](#)
- [ITC Cash Match Letter](#)
- [ITC Wages as Match](#)
- [Exemption Request Form](#)

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

Not Answered

Question: 5.0: Describe your plan for Website Development, Maintenance, and/or Redesign Please provide details to correspond to your uploaded budget. If not applicable, enter N/A.

Not Answered

Question: 6.0: Describe any planned FAM Trips or Site Visits and their purpose. Please provide details to correspond to your uploaded budget. If not applicable, enter N/A.

Not Answered

Question: 7.0: Describe your proposed Sponsorships, their impact on overnight stays, where they will be advertised, and indicate whether these are Major Event Sponsorships, Conventions, Meetings, or Sports Events.

Not Answered

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.

Not Answered

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 \$1,500.

Not Answered

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.

Not Answered

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.

Not Answered

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.

Not Answered

Question: 1.8: Administration funds are available to all applicants. An amount equal to 10% of the amount awarded, up to a maximum of \$75,000 is allowable. Are you requesting administration funds?

Yes

No

Question: Do you plan on using grant funds to offset overhead and administration costs?

Yes

No

Question: If you answered "yes" to either of the above, describe the expenses you anticipate for Administration costs. If not applicable, enter N/A.

Not Answered

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

Not Answered

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.

No Attachments

Question: Upload the completed Budget Detail Spreadsheet.

No Attachments

Question: Detail any anticipated specific vendors you plan on using (not your partners) and describe your procurement process. Please provide details that reflect your uploaded budget.

Not Answered

Question: OPTIONAL: Upload Procurement Exemption Request here.

No Attachments

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

No Attachments

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.

No Attachments

Question: OPTIONAL: Upload non-cash letters of support here.

No Attachments

Acknowledgment

All agencies of the State of Idaho, including the Department, are subject to [No Public Funds for Abortion Act](#). The Act establishes a penalty against state employees who intentionally enter into an agreement with abortion providers or affiliates of abortion providers, or who authorize the use of state facilities or public funds for abortion related activity. Under the Act, there are no penalties that apply to you. Verify below that there exists no information that would trigger the Act and prevent the Department from contracting with the applicant organization.

Question: I verify that no information exists that would trigger the Act and prevent the Department from contracting with the applicant organization.

- No information exists
- Information exists

Submission

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.

Not Answered

Question: Type your title.

Not Answered

Question: Type the submission date.

Not Answered