Harford County, Maryland

FY2021
Tourism Award Competitive Funding Process

APPLICATION

Funding Period:
July 1, 2020 – June 30, 2021

(Application period: February 14, 2020 – March 20, 2020)

Harford County Office of
Community & Economic Development

15 South Main Street Bel Air, Maryland 21014
410-638-3045, TTY 410-638-3086

This document is available in alternative format upon request

Please read the Applicant Information Packet before completing the application.

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APPLICATION SUBMISSION INSTRUCTIONS

❖ Applications are available: http://www.harfordcountymd.gov/1373/Tourism-Funding-Application

❖ Applications must be typed in Arial font.

❖ Submit **one (1)** completed electronic application to skbowen@harfordcountymd.gov and verify that all required supplements are included in **PDF format only**.

❖ If you require technical assistance with the electronic submission, please contact **Susan Bowen** at 410-638-3045 ext. 1835, or skbowen@harfordcountymd.gov., early in the process.

❖ In addition to the electronic submission, submit **one (1) PRINTED** and **SIGNED** version of the application with all attachments to:

Harford County Office of
Community & Economic Development
15 South Main Street
Bel Air, MD 21014
Attention: Susan Bowen

❖ Both formats of the application must be submitted by or no later than **Friday, March 20, 2020 at 4:00 p.m.** (Office Hours: M-F 8:00-5:00).

❖ The hand delivered submission will be accepted only with binder clips or paper clips. Any other form of submitting the documents, such as stapled, bound, hole punched, etc., will **NOT** be accepted and will be returned to the applicant.

❖ Incomplete or incorrectly completed applications will be returned and late applications will **NOT** be accepted.

APPLICATION CHECKLIST

Please review this checklist to ensure all sections are complete and all requested supplements are included in the original and electronic versions of your application. **If the information is not attached, your application will NOT be accepted.**

☐ 501(c)(3) or 501 (c)(6) documentation.

☐ Names and organizational affiliations of current Board of Directors.

☐ Resumes of principal administrative staff that include current job descriptions and functions.

☐ A copy of any agency accreditations and/or licenses, as applicable.

☐ Current Good Standing documentation from the Maryland State Department of Assessment and Taxation.
Visit the following website to confirm these requirements and initiate any corrective action, if necessary: https://egov.maryland.gov/BusinessExpress/EntitySearch.
(webpage print out is sufficient)

☐ Current Good Standing documentation from the Maryland Office of the Secretary of State, Charitable Organization Division.
Visit the following website to confirm these requirements and initiate any corrective action, if necessary: http://sos.maryland.gov/Charity/Pages/SearchCharity.aspx.
(webpage print out is sufficient).

☐ Most recent financial statement for fiscal year 2020 (quarterly or monthly), including income and expenses.

☐ Copy of current annual budget for organization.

☐ Financial summary statement or audit statement for fiscal year 2019, signed by a professional accountant or organization's fiscal officer.

SECTION A: INFORMATION

1. First-Time Applicant? ☐ Yes ☐ No

2. Applicant Organization (full legal name): _____
   (As registered with the Maryland SDAT)

3. Legal Mailing Address: _____

4. Director or Authorizing official and title: _____

5. E-mail: _____

6. Phone #: _____

7. Primary program/event contact person and title: _____

8. E-mail: _____

9. Phone #: _____

10. Fax #: _____

11. Program/Event Address: _____

12. In which County Council District is your organization located?
    (check all that apply; reference: http://www.harfordcountymd.gov/193/Councilmanic-Districts)

	DISTRICT A		DISTRICT D
	DISTRICT B		DISTRICT E
	DISTRICT C		DISTRICT F

13. In which County Council District will your program/event be located?
    (check all that apply; reference: http://www.harfordcountymd.gov/193/Councilmanic-Districts)

	DISTRICT A		DISTRICT D
	DISTRICT B		DISTRICT E
	DISTRICT C		DISTRICT F

14. Provide the total amount of Tourism funding being requested for FY2021: $ _____

15. Provide your organization's total annual overall budget (include all tourism and non-tourism related items and provide a copy with this application): $ _____

SECTION B: BACKGROUND AND ORGANIZATIONAL EXPERIENCE

BACKGROUND OF THE ORGANIZATION

1. Provide a general background of your organization.

2. Briefly describe your organization's mission, history and goals, including how long your organization has been in existence.

3. State how your mission, history, and goals support making Harford County a premier tourism destination.

4. List all programs offered by your organization and their purpose.

ORGANIZATIONAL EXPERIENCE

1. Total number of board members in your organization? _____

2. List all general and limited partners, shareholders, and board members of the organization.

NAME	AFFILIATION/ROLE	YEARS WITH ORGANIZATION

3. How many employees and volunteers are with your organization?

CATEGORY	TOTAL
Full time staff	
Part time staff	
Volunteers	

4. List staff, titles, number of years with the organization, and skill level.
(Attach resumes for all key staff; add rows as needed; attach additional information as needed)

Name	Title	Years with Organization	Skill Level

5. Does your organization hold any license/certifications/accreditations related to your program/event?   ☐ YES   ☐ NO (If yes, please include copies with your application)

SECTION C: TOURISM PROGRAM/EVENT PLAN

Detailed Program Description

1. Provide a detailed description of the specific program/event that your organization will implement with the requested tourism funds. Be sure to describe how staff and volunteers will deliver the program from planning to implementation.

2. Describe the tourism-related aspect this program/event will strive to meet (i.e., cultural, historical, agricultural, eco-tourism, sports tourism or heritage, etc.).

3. Who is your target audience or population?

4. Please provide a timeline below with start and completion dates for your program/event:

TOURISM PROGRAM/EVENT	START DATE (MONTH/YEAR)	END DATE (MONTH/YEAR)

<u>Engagement</u>

1. Explain why you are confident that you can identify and engage the audience you are proposing to serve.

2. Describe in detail your methods of outreach and marketing.

3. From where does your tourism-related program or activity draw participants?

4. How many people do you except will attend the program/event?

<u>Logistics</u>

1. Do you have program/event contingency plans in place (i.e., extreme weather, low ticket sales, insufficient sponsorship) ☐ YES ☐ NO

2. If yes, please indicate how your organization addresses these issues:

3. How does your organization maintain volunteers, vendors, sponsors?

<u>Anticipated Totals</u>

CATEGORY	TOTAL
Number of anticipated employees	
Number of anticipated volunteers	
Number of anticipated vendors	
Number of anticipated sponsors	

<u>Partnerships</u>

1. List all community partners with which you intend to collaborate to achieve success in this particular program year. For each partner listed, briefly describe current and/or planned efforts for shared planning, resources, marketing, etc. and any other assets to help you create successful program planning and implementation.

<u>Similar Services</u>

1. What other organizations are you aware of that currently provide a similar tourism-related program or operation in our community and how is your organization different?

SECTION D: PROPOSED PROGRAM/EVENT BUDGET

1. Provide a total budget by source and use for your FY2021 tourism program/event.
   Use the tables below that are applicable to your program/event.
   (Add rows as needed; if you are sponsoring multiple events complete the appropriate tables for each event; attach additional information if needed).

Salary expenses, please complete this table

PERSONNEL (JOB TITLE)	RATE OF PAY (HOURLY/ SALARY)	BENEFITS	TOTAL	FUNDING SOURCE
	$	$	$	
	$	$	$	
	$	$	$	
	$	$	$	
	$	$	$	
	$	$	$	
	$	$	$	
	$	$	$	
	$	$	$	
	$	$	$	
Salary Budget Total: $				
Amount of Tourism funds to be used: $				

Operational/Contractual expenses, please complete this table

ITEM	ITEM DESCRIPTION	COST	FUNDING SOURCE
Rent/Lease		$	
Utilities		$	
Website services		$	
Insurance		$	
Unemployment Insurance		$	
Advertising/Marketing		$	
General Liability		$	
Equipment Rental		$	
Professional Services		$	
Maintenance Contracts		$	
Event Security		$	
Other		$	
Operational/Contractual Budget Total: $			
Amount of Tourism funds to be used: $			

Supplies/Materials expenses, please complete this table

ITEM	ITEM DESCRIPTION	COST	FUNDING SOURCE
General Office Supplies		$	
Printing		$	
Food		$	
Computer Supplies		$	
Small Tools		$	
Postage & Delivery		$	
A/V Equipment		$	
Janitorial Supplies		$	
Other		$	
Supplies/Materials Budget Total: $			
Amount of Tourism funds to be used: $			

Total Funding Amounts:

ITEM	TOTAL
Salary Budget (all funding sources)	$
Operating/Contractual Budget (all funding sources)	$
Supplies/Materials Budget (all funding sources)	$
Overall budget, FY2021 program/event (all funding sources)	$
Tourism funding to be used for your FY2021 program/event	$

SECTION E: ADDITIONAL FUNDING SOURCES

Funding plan

1. Describe your organization's plan to sustain the proposed tourism program/event beyond funding from Harford County such as planned fundraising efforts for FY2021.

Other funding requests

1. Please list other organizations to which you have applied or intend to apply for the program/event funding. Note the amount you are requesting and the status of said request.

ORGANIZATION	AMOUNT REQUESTED	STATUS (PENDING, FUNDED, DECLINED)
	$	
	$	
	$	
	$	
	$	
	$	
	$	
	$	
	$	
	$	

2. Do you plan to use Tourism Related Competitive Funds, if awarded, as a match for other funding?

☐ YES ☐ NO

3. If Yes, please estimate below how much Tourism Related Competitive Funds will be used as match and to what other funding source the match will be attributed. Please note that Tourism Funds cannot be counted more than once as match.
(Add rows as needed)

Tourism Funding Match Amount	Other Funding Source
$	
$	
$	
$	
$	
$	
$	

In-Kind Donations

1. Total Estimated Monetary Value of In-Kind Donations for this program/event:
$ _____

2. Describe non-cash donations, in-kind services, office/program space, materials, printing, etc., that was given or will be given to your organization for this particular program/event.

Organization	Type of Donation	Donation Description	Estimated Value

SECTION F: DEMONSTRATED RESULTS (NEW APPLICANTS ONLY)

1. Has your organization held any events in the past promote county tourism?

2. If so, discuss how in your organization has been able to promote county tourism and work with your target audience or population.

3. What improvements would you make if any to your program/event in the future?

4. What was the total budget of your past tourism related program/event?
   $ _____

5. Provide information on the methods that were used for measuring performance.
   (***Examples:*** *Numbers and percentage of repeat program participants? Number and percentage of increased volunteer base, vendor participation, media coverage, sponsorship).*

6. If Tourism funding is awarded to your organization, how will the funding be used to improve your program/event?

SECTION G: PAST PERFORMANCE (RETURNING APPLICANTS ONLY)

1. Provide the total amount of FY2020 tourism funding your organization received:
   $ _____

2. Please list all other organizations that provided funding for your FY2020 tourism program/event.

Organization	Amount Received
	$
	$
	$
	$
	$
	$
	$
	$
	$
	$

3. Please list all non-cash donations, in-kind services, office/program space, materials, printing, etc., given to your organization for your FY2020 tourism program/event.

Organization	Type of Donation	Estimated Value

4. Were all FY2020 goals achieved? ☐ YES   ☐ NO

5. If any goals were not achieved, explain why?

6. Describe how the program/event successfully helped promote Harford County as a premier tourism destination.

7. Describe your methods used for measuring performance.

8. What improvements would you make if any to your program/event in the future?

Program/Event Totals

CATEGORY	TOTAL
Number of employees who participated	
Number of vendors who participated	
Number of volunteers who participated	
Number of sponsors who participated	
Number of persons who attended	

SECTION H: AUTHORIZATION

By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements, and cash receipts are for the purposes and objectives set forth in the terms and conditions of the award. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise.

Type or print name/title _____ _____

Authorized signature: _____Date: _____