# International Tourism Grant Program

NOFO ID: 1607-3155

Directions: Complete this program application and submit as part of your application to the International Tourism Grant Program. Detailed information on the program and submission requirements can be found in the Notice of Funding Opportunity. If necessary, additional pages may be attached.

**Program Specific Application** **(required)** which contains a project narrative – there is no limit on the number of pages, spacing, font, etc. Each proposal should include a narrative containing the following information for scoring:)

**Legal/Common Name:** Click or tap here to enter text.

1. **Provide detailed information on how the projects identified in the budget will increase international visitation to the area and are part of an overall marketing based on research to identify opportunities. Provide information on the attractions in your area that would be of interest to international travelers such as state and national parks, national forests, scenic byways, or have cultural and historic significance.**

Click or tap here to enter text.

1. **Provide detailed information on previous international marketing efforts and the results of those efforts. In addition, provide information on any international product that is featured by receptive and international tour operators for your area.**

Click or tap here to enter text.

1. **Provide detailed information on ways your area is visitor ready for international guests from the**

**markets you have identified in your projects and budget.**

Click or tap here to enter text.

1. **Provide detailed information on how you will track and measure the performance of your project and the systems/methodologies you will use, your previous experience, and results from international marketing efforts.**

Click or tap here to enter text.

1. **Provide detailed information on how your projects will support and augment the international tourism efforts of the Department by market, as well as utilize the opportunities presented by the Department to enhance the state’s efforts.**

Click or tap here to enter text.

1. **Provide detailed information on the potential interest or proven interest for the international markets you have selected by showing past results or providing information as to attractions that would be of interest to these markets and why.**

Click or tap here to enter text.

1. **Provide detailed information on the projects you have identified and how they will have a significant impact on the area’s overall tourism efforts and significant impact.**

Click or tap here to enter text.

1. **Provide detailed information on the projects you have identified and how they will have a significant impact on the State overall tourism efforts.**

Click or tap here to enter text.

1. **Provide the estimated performance measures you will use to evaluate the projects effectiveness and return on investment.**

Click or tap here to enter text.

**Programmatic Risk Assessment Questionnaire (required):** Entities must complete a Programmatic Risk Assessment for each application.

**Financial Stability:**

1. **How significant is the funding need in relation to your overall organizational budget?**

Click or tap here to enter text.

1. **What other source funds or resources are available to support the program? This may include but not limited to sources such as normal operating funds, fundraising, donations, endowments etc.**

Click or tap here to enter text.

**Management Systems and Standards:**

1. **Have there been any significant changes in your organization in the last fiscal year related to, if yes check all that apply:**

Leadership

Significant Program/Grant Initiative

Structural structure

Fiscal changes

Statutory or regularity requirements

Other, please explain: Click or tap here to enter text.

1. **Does your organization have written policies and procedures that guide program delivery on the following topics, click all that apply:**

Quality assurance

Outcome tracking and reporting mechanisms.

Relevant documentation of services/goods delivered.

Staff performance management policies and procedures

Personnel policies and procedures that include conflict of interest statements.

Complaint/grievance resolution policies and procedure

Governing body policies and procedures that includes conflict of interest statements.

Safeguarding funds, property, and other assets against loss from unauthorized use or disposition

Management of grant term extensions, where applicable

1. **Does your organization have internal controls that govern program delivery on the following topics, click all that apply:**

Quality assurance reporting

Appropriate (to industry) supervision of staff

Unit costs analysis and management

Accreditation/licensing compliance program

**History of Performance**:

1. **Does your organization have prior experience with this program?**

Yes

No

Click or tap here to enter text.

1. **How many years of experience does the project leader/key staff member have managing the scope of services required under this program?**

3 years or more

1-2 years

Less than 1 year

Click or tap here to enter text.

**Capacity:**

1. **What is the staffing plan for the program implementation, are there reasonably planned resources available?**

Click or tap here to enter text.

1. **Will the grant funds be less than 25% of the organizations budget?**

**Yes**

**No**

Click or tap here to enter text.

1. **Will the grant require additional staffing (50% of staffing) or is a major (50%) part of the organizations overall budget?**

Yes

No

Click or tap here to enter text.

1. **Will the organization require a significant, more than 100%, increase in staffing/resources) in order to perform the program?**

**Yes**

**No**

Click or tap here to enter text.

1. **Is there time keeping procedures, processes, mechanisms, or tools in place with the ability to track personnel time applied to this program?**

**Yes**

**No**

Click or tap here to enter text.

**External Partnerships:**

1. **To what extent does the organization have the ability to effectively select, train, monitor and correct subrecipients, contractors, vendors working on the project to meet program goals and performance?**

Click or tap here to enter text.

1. **Does the organization have experience working with external partners?**

Click or tap here to enter text.

1. **Is the organization aware and acknowledge the responsibility for the performance of any applicable subrecipient or other external partner and ensuring adequate monitoring.**

Click or tap here to enter text.

**Reporting:**

1. **Does the organization have adequate resources to meet reporting requirements such as identifying a designee to oversee performance reporting? Is there a separation of duties to ensure accurate, and validated reporting?**

**Yes**

**No**

Click or tap here to enter text.

1. **To what extent are the staff preparing reports familiar with the program requirements, deliverables, and outcomes?**

Click or tap here to enter text.

1. **Are there mechanisms in place to ensure accuracy and integrity to data points collected, verified, and reported?**

**Yes**

**No**

Click or tap here to enter text.