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# Tourism Marketing Partnership Program Application

NOFO ID: 2097-3163

Directions: Complete this program application and submit as part of your application to the Tourism Marketing Partnership 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 Information** **(required)** there is no limit on the number of pages, spacing, font, etc.

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

1. **Describe the project and how the Project is part of the organization’s overall marketing plan and is based on research. Use marketing data to support the need for the project.**

Click or tap here to enter text.

1. **Describe the extent to which the Project includes repeat marketing efforts and to what extent do the results from those efforts justify repeat funding.**

Click or tap here to enter text.

1. **Describe the how the Project promotes a viable Tourism Attraction, Tourism Destination or Tourism Event located within 30 miles of an area with Supporting Visitor Services, such as hotels, restaurants and attractions.**

Click or tap here to enter text.

1. **Describe the Project tracking and evaluation measures. Please include performance measurements you will use to determine success of outcomes.**

Click or tap here to enter text.

1. **Describe the geographic advertising markets and how they are based upon research to drive overnight stays.**

Click or tap here to enter text.

1. **Describe how the Project will increase visitation, length of stay and/or Tourism expenditures from outside 50 miles.**

Click or tap here to enter text.

1. **Describe how the Project will have a significant impact on the area's overall tourism efforts.**

Click or tap here to enter text.

1. **Describe how the Project will have a significant impact on the State's overall tourism efforts.**

Click or tap here to enter text.

1. **Describe to what extent the Project encompasses multiple attractions, municipalities, or counties. Provide a brief description of those attractions/areas covered by the project.**

Click or tap here to enter text.

1. **Describe how the marketing be targeted to attract visitors from outside 50 miles to stay overnight.**

Click or tap here to enter text.

**Programmatic Risk Assessment Questionnaire (required):**

**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 and being used to match the grant funds and pay for any project costs that exceed the grant and match requirements?**

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 staff

Organization structural changes

Fiscal staff or system 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

**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**

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

Yes

No

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

**Yes**

**No**

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

**Yes**

**No**

**External Partnerships:**

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

Click or tap here to enter text.

1. **Describe the organizations 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 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**

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**