



CULTURE AND TOURISM CO-OPERATIVE MARKETING GRANT APPLICATION - FY 2009

**Deadline: October 14, 2008**

**Please send completed application to:** Rena Calcaterra, Culture and Tourism Challenge Grant,  
Connecticut Commission on Culture & Tourism, One Constitution Plaza, 2nd Floor, Hartford, CT 06103

*EVERY BLANK MUST BE FILLED IN (USE N/A WHERE APPLICABLE) IN ORDER FOR  
THIS FORM TO BE CONSIDERED COMPLETE AND READY FOR REVIEW*

**APPLICANT INFORMATION**

Federal Employer ID # \_\_\_\_\_ Date of Non-Profit Incorporation in CT \_\_\_\_\_

Applicant Organization Official Name \_\_\_\_\_

Organization Also Known As (if different from Official Name) \_\_\_\_\_

Street Address or Location \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

General Organization E-mail \_\_\_\_\_

Website address \_\_\_\_\_

Executive Director \_\_\_\_\_

E-mail \_\_\_\_\_ Telephone/Extension \_\_\_\_\_

Application Contact Person \_\_\_\_\_

E-mail \_\_\_\_\_ Telephone/Extension \_\_\_\_\_

Project Contact Person \_\_\_\_\_

E-mail \_\_\_\_\_ Telephone/Extension \_\_\_\_\_

**LEGISLATIVE INFORMATION (OBTAIN FROM TOWN CLERK OR WWW.VOTESMART.ORG)**

CCT informs your legislator about your grant. It is important that you provide accurate information.

U.S. Representative's Name \_\_\_\_\_ District # \_\_\_\_\_

State Senator's Name \_\_\_\_\_ District # \_\_\_\_\_

State Representative's Name \_\_\_\_\_ District # \_\_\_\_\_

**PROJECT INFORMATION**

This is a new initiative: Yes No

This is the expansion of a current project/ program: Yes No

Project location (City(ies)/Town(s)) \_\_\_\_\_

If the project includes an event, please specify event date(s) \_\_\_\_\_

Title of Project \_\_\_\_\_

FOR OFFICE USE: App # \_\_\_\_\_

PROJECT INFORMATION (CONTINUED)

\*CULTURE AND TOURISM PARTNERS MAY APPLY FOR MORE THAN ONE, SUBMITTING AN APPLICATION FORM FOR EACH PROJECT REQUESTED.\*

1) Billboard Advertising (mark preferred options in a, b & c)

- a. Locations:     I-84 Connecticut     I-95 Connecticut     I-91 Connecticut     I-84 New York  
                          I-87 New York     I-95 New York
- b. Territories:     New York gateways to Connecticut     Fairfield County     New Haven  
                          Shoreline     Danbury     Waterbury     Hartford
- c. Time Duration in 2008:     Spring/Summer     April     May     June     July     August  
    Fall     September     October

2) Free Standing Insert-FSI (mark preferred options in a & b)

- a. Season:     Summer     Fall     Both
- b. Advertisement Size:     Full Page     Half Page     Quarter Page     Eighth Page

3) Market Research

4) Strategic Marketing Planning

PROJECT SUMMARY

Please complete the following sentence (10-15 words) in relation to your application:

CCT funds will support \_\_\_\_\_

GRANT REQUEST

\$ \_\_\_\_\_ (\$7,500 minimum/\$30,000 maximum) Must be matched with non-governmental funds on a dollar-to-dollar cash basis.

Project Start Date (no sooner than January 2009) \_\_\_\_\_

Project End Date (no later than May 31, 2010) \_\_\_\_\_

APPLICATION NARRATIVE

Answer questions 1-2 in narrative of no more than two (2) single-spaced typed pages (one side only). Margins should be no less than 3/4 inch on all four sides with a font size no smaller than 11 point. The Challenge Grant budget is not included in the two-page total.

**1. Brief History of the Organization**

Provide a brief history of the organization including operating years, office location if applicable, mission statements and objectives, and demonstrate financial stability incorporating any previous state loans or grants.

**2. Proposed Project**

Describe the project for which you seek funding. Include key proposed activities, target audience (i.e., to whom this project is directed), project goals and objectives. Specify how requested funds will be used.

PROJECT BUDGET

Provide a detailed budget which will include revenue, broken down by earned income, grants & contributions, identified source(s) of matching funds and in-kind services; expenses, broken down by item (media costs, creative design, printing, postage, etc.) and the expense of each item shown under the appropriate category of Revenue, CCT Challenge Grant, matching funds, in-kind services, other revenue.

**PROJECT TIMELINE**

Include a detailed timeline indicating significant stages of implementation and approvals for the project. All project materials, related to funding, must be approved by CCT prior to being produced or scheduled for final production. A minimum of 5 working days is required for this approval.

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**STRATEGIC MARKETING PLAN**

Applications must include a Strategic Marketing Plan in their application package. If the applicant does not have a Strategic Marketing Plan then the Strategic Marketing Questionnaire, available at <http://cultureandtourism.org>, and must submit copies of the completed form.

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**CHECKLIST**

10 APPLICATION COPIES ASSEMBLED IN THE FOLLOWING ORDER:

- Application Form - dated and signed (original signatures)
- Application Narrative – Brief history of the organization and project description (no more than 2 pages)
- Budget
- Timeline
- Strategic Marketing Plan/completed Strategic Marketing Questionnaire
- Sponsorship Opportunities Package (if applicable)
- Promotional Materials (optional)

BEHIND THE COPY MARKED "ORIGINAL," PLEASE ADD THE FOLLOWING:

- IRS Tax Exempt Verification (if applicable)

Already submitted this fiscal year in \_\_\_\_\_(Name of Grant Program)

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**SIGNATURE**

Under penalties of perjury, I declare that I have examined information contained in the application for this grant and accompanying documents and, to the best of my knowledge and belief, they are true, correct and complete, and I am in fact eligible for funding under this grant program. I am aware that the submission of any false information or omission of any pertinent information resulting in the false representation of a material fact may subject me to civil and/or criminal penalties for filing of false public record and/or forfeiture of any funding awarded under this program. I further declare that I have reviewed the Commission on Culture & Tourism's Grant Overview Guidelines and acknowledge my responsibility as a grant applicant to become familiar with these guidelines and that failure to comply could result in ineligibility for the grant program. I understand that should I have any questions regarding these guidelines, I may contact CCT. I further understand that all documents submitted become the property of CCT.

Printed Name \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_