



CO-OPERATIVE MARKETING GRANT APPLICATION - 2011

Deadline: January 5, 2011

Please send completed application to: Rena Calcaterra, Culture and Tourism Marketing 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 _____

**Required - all notices and information regarding applications will be sent by email ONLY to application contact person.*

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)

Grant applicants may apply for more than one project, 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 2010: Spring/Summer April May June July August
 Fall September October
- 2) Magazine-style Free Standing Insert-FSI (mark preferred options in a & b)
 - a. Season: Spring/Summer Fall/Winter Both
 - b. Advertisement Size: Full Page Half Page Quarter Page Eighth Page
- 3) Online Advertising Campaign
 - a. Season: Spring/Summer Fall/Winter Both

PROJECT SUMMARY

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

CCT funds will support _____

GRANT REQUEST

\$ _____ (Maximum requests vary in amount by project-see Project Fact Sheets in the program guidelines for details) Must be matched with non-governmental funds on a dollar-to-dollar cash basis.

Project Start Date (no sooner than February 2011) _____

Project End Date (no later than January 31, 2012) _____

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 Co-operative Marketing 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 Co-operative Marketing 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.

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>, must be completed and included in the application package.

CHECKLIST

12 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 or 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)

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 _____