UNION COUNTY TRANSIENT TAX ATTRACTION GRANT APPLICATION & GUIDELINES

Grant Summary

Funds shall be used in support of attractions (public or non-profit only) located within Union County that increase economic growth and/or the impact of tourism in Union County. This program is administered by the Union County Administrative Office with funding recommendations by the Transient Tax Advisory Committee. Final approval of funding is made by the Board of Commissioners.

Eligibility

Grant funds are available only to public sector or non-profit entities.

Procedures

The Review Committee requests a completed application with a short narrative describing the attraction along with a budget. The Committee will review the proposals and may invite applicants to make an oral presentation to discuss the event and the requested funds.

Program Requirements

Proposals:

Grant applications are to be complete, legible, provide a detailed narrative of the project and its impact on Union County tourism, and include a budget for the event.

Reporting Requirements:

A Completion Report must be submitted to the Union County Administrative Office within 60 days of completion of the project. Grant reports are to be complete, legible, provide a detailed narrative of grant usage and include a final budget. *Applicants who do not complete reporting requirements will be disqualified from grant funds for three consecutive fiscal years

Criteria

All proposals will be evaluated using the following criteria:

- 1. Annual Number of Visitors to Attraction
- 2. Out of Area Visitors
- 3. Multi-Day Events held at the Attraction that Encouraged Overnight Stays
- 4. Purpose of Funds
- 5. Volunteer/Community Involvement
- 6. Attraction must be located in Union County
- 7. Matching Funds (a broad base of funding)

Miscellaneous

- 1. Actual funding will be based on revenue generated.
- 2. Applications may be picked up and returned to the County Administrative Office at 1106 K Avenue, La Grande.



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ORGANIZATION N	AME:
TYPE OF ORGANIZA	ATION: Public Sector Non-Profit Registration No (Non-Profits must attach a copy of IRS determination letter)
ADDRESS:	
CITY:	STATE: ZIP CODE:
NAME OF CONTAC	T PERSON:
TITLE:	DAYTIME TELEPHONE:
E-Mail:	
economic benefits	to do; why is it important; how are you going to do it; what are the ? Include your proposed method of evaluating the success of your activity. LOCATION OF YOUR ATTRACTION (attach document, if needed):

PROJECT START DATE:	COMPLETION DATE:
PROPOSED PROJECT BUDGET: (Revenue:	s & Expenditures Must Balance)
Revenues:	
Source:	Amount:
	\$
	\$ \$
	\$
TOTAL:	\$
Partnership Donations or In-Kind Match:	
Source:	Amount:
	\$
	\$
	\$
TOTAL	\$ \$
Expenses:	Amount:
	\$
	\$
	\$
	\$
	\$
TOTAL	\$ \$
TOTAL TRANSIENT TAX ATTRACTION FU	NDS REQUESTED: \$
Please attach a copy of your budget, and nclude with your application.	any partnership support letters you would like to
Print Full Name	 Signature