

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 attraction 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 transient tax collected.
2. Applications may be picked up and returned to the County Administrative Office at 1106 K Avenue, La Grande.



UNION COUNTY TRANSIENT TAX ATTRACTION GRANT APPLICATION

ORGANIZATION NAME: _____

TYPE OF ORGANIZATION: Public Sector ____ Non-Profit ____ Registration No. _____
(Non-Profits must attach a copy of IRS determination letter)

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

NAME OF CONTACT PERSON: _____

TITLE: _____ DAYTIME TELEPHONE: _____

E-Mail: _____

Project TITLE: _____

Project Start Date: _____ Completion Date: _____

ORGANIZATION BACKGROUND & PROJECT NARRATIVE:

Please attach a brief narrative of the scope of activity for which grant funds are requested. What do you want to do; why is it important; how are you going to do it; what are the economic benefits? Include your proposed method of evaluating the success of your activity.

DESCRIPTION AND LOCATION OF YOUR ATTRACTION (attach document, if needed):

[ORGANIZATION]
[PROJECT TITLE]

INCOME

	BUDGET	
	Cash	In-Kind
SUB TOTAL INCOME		
TOTAL INCOME		

EXPENSES

LINE ITEM		BUDGET	
		Cash	In-Kind
1			
2			
3			
4			
	SUB TOTAL EXPENSES		
	TOTAL EXPENSES		

TOTAL TRANSIENT TAX FUNDS REQUESTED: \$ _____

Please attach any partnership support letters you would like to include with your application.

 Print Full Name
 Authorized Representative

 Signature

Date: _____