UNION COUNTY TRANSIENT TAX COMMUNITY EVENT GRANT APPLICATION & GUIDELINES

Grant Summary

Funds shall be used in support of events held within Union County that increase economic growth and 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 event 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 or economic growth, and include a budget for the event.

Reporting Requirements:

An Activity Report must be submitted to the Union County Administrative Office within 60 days of the event conclusion. Grant reports are to be complete, legible, provide a detailed narrative of grant usage and attendance of the event, and include a final budget. Reports to include detail of how the event or project acknowledged the Transient Tax Community Event award. *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. Overall Attendance
- 2. Out of Area Attendance (more than 50 miles away)
- Multi-Day Event that Encourages Overnight Stays
- 4. Purpose of Funds
- 5. Volunteer/Community Involvement
- 6. Event must be held in Union County
- 7. Matching Funds (events with 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.



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ORGANIZATION NAME:			
TYPE OF ORGANIZATION: F (Non-Profits must atta	Public Sector	Non-Profit	Registration No
CITY:	STATE:	ZIP CODE	:
NAME OF CONTACT PERSO	N:		
TITLE:	D	AYTIME TELEPHO	ONE:
E-Mail:			
EVENT TITLE:			
EVENT DURATION: Start D	ate:	End Da	te:
ORGANIZATION BACKGROUPlease attach a brief narration What do you want to do; whe economic benefits? Include DESCRIPTION AND LOCATION	ve of the scope of act hy is it important; how your proposed meth	ivity for which gra v are you going to od of evaluating t	o do it; what are the

I	[ORGANIZATION]		
	[PROJECT TITLE]		
	INCOME		
		BUDGET	
		Cash	In-Kind
	SUB TOTAL INCOME		
	TOTAL INCOME		
	EXPENSES		
NE		BUDGET	
EM		Cash	In-Kind
1			
2			
3			
4	CUR TOTAL EVERNISES		
	SUB TOTAL EXPENSES		
	TOTAL EXPENSES		
	TOTAL TRANSIENT TAX FUNDS REQUESTED: \$		
	Please attach any partnership support letters you wou	ld like to includ	e with your app
	Duint Full Name	Cina atuma	
	Print Full Name Authorized Representative	Signature	
	Authorized nepresentative		
	Date:		