**VISIT CALIFORNIA**

**GRANT APPLICATION**

# Grant Application Checklist

A complete application will consist of the following files:

* Grant Application form (in Microsoft word or PDF format)
* Pre-Award Questionnaire

Complete applications can be submitted by:

* Email to **rfps@visitcalifornia.com**
* Fax to (916) 322-3402
* Mail to 555 Capitol Mall #1100, Sacramento, CA 95814

**Applications must be received by Visit California no later than 5:00PM PST on December 2, 2022. Applications received after this deadline will not be accepted.**

# Summary Information

## Contact Information

|  |  |
| --- | --- |
| **Organization:** |  |
| **Contact Person:** |  |
| **Email:** |  |
| **Phone:** |  |
| **Address:**  |  |
| **Unique Entity ID #:**  |  |

## Project INFORMATION

|  |  |
| --- | --- |
| **Project Name:** |  |
| **Project Summary****(Detail information should be outlined in the narrative below)** |  |
| **Amount Requested:** |  |
| **Total Project Cost:** |  |
| **Start Date:** |  |
| **End Date:**  |  |

# Project Description

Complete each of the elements of the project description below with clear detailed answers. Limit your response to this section to no more than six pages.

1. **Need for the project.**

In no more than 2 pages, describe the economic impact of the pandemic on tourism in your area.

1. Describe how the pandemic decreased visitor spending and the subsequent impact on tax revenue in the county.
	1. Detail the importance of tourism on brick-and-mortar retail in the county.
	2. Provide documentation of the impact on the hospitality industry, including:
		1. Business closures
		2. Accommodations Key Performance Indicators, including occupancy, ADR and RevPAR
2. **Goals and Objectives.**

In no more than 2 pages, describe the programs to be carried out with the funds, including marketing and non-marketing plans to mitigate the pandemic impacts.

1. Detail how funds will be used across the county to uplift all sectors of tourism.
2. Describe how these programs will accelerate tourism’s recovery in the county.
3. Create a timeline for how funds will be spent.
4. **Specific Tasks.**

Identify the specific tasks that will be undertaken and the work that will be accomplished for each task.

* 1. Tasks must be completed between 1/1/23 and 12/31/23.
	2. Extensions will not be permitted, please ensure projects can be completed within the period of performance.

|  |  |  |  |
| --- | --- | --- | --- |
| **#** | **Task Name** | **Task description/detail** | **Expected Completion Date**  |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |
| 5 |  |  |  |

*Add or delete rows as necessary.*

1. **Measuring Success.**

Describe how success will be measured. Do the plans include monitoring and measuring project success?

1. **Meaningful Community Engagement**

Please describe the community support for this project and summarize how you will engage relevant communities in the planning of this project.

1. **Applicant Capacity**.

The applicant must demonstrate that it can administer the grant and manage the project. Details should include the following:

* Capacity to manage a federal grant, including fiscal system and staff dedicated to this project.
* Ability to address cash flow and how the applicant will handle the process of reimbursement payments.

# Budget and Schedule

In the budget matrix below, relist the tasks identified in #5 above and for each provide:

1) a brief description of the task, 2) the estimated cost, 3) the funding sources, 4) the estimated completion date for the task

**Note: If the budget includes administrative or indirect costs, please provide those costs below. Please do not include in-kind services in the table below.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Task Number** | **Task** | **VCA Tourism Grant** | **Other Funds** | **Total Cost** | **Expected Completion Date** |
| 1 |  |  |  |  |  |
| 2 |  |   |  |  |  |
| 3 |  |   |  |  |  |
| 4 |  |  |  |  |  |
| 5 |  |  |  |  |  |
| **TOTAL** |  | **$ 0** | **$ 0** | **$ 0** |  |

*Add or delete rows as necessary.*

**Other Funds**

For funding from other funds for this project as described above, indicate the status of the funding. Funding sources include, but are not limited to state grants, federal grants, donations, internal sources, etc.

|  |  |  |  |
| --- | --- | --- | --- |
| **Source** | **Amount ($)** | **Status - Secured / Pending** | **Funding Source**  |
| (Example: state grant) | **$** 500,000 | Pending | State Grant |
| (Example: Industry funds) | $ 100,000 | Secured  | Internal/Industry |
|  | $ |  |  |
|  | $ |  |  |
| **TOTAL** | $ |  |  |

*Add or delete rows as necessary.*

**In-Kind Services**

In-kind services or contributions include volunteer time and materials. Describe and estimate the value of expected in-kind services in this section.

## Budget Justification

Please provide a brief narrative explanation of the budget that explains and justifies the costs. This narrative should provide background and detail to explain the costs in the budget, including the source of the estimates. If the budget for this project includes administrative or indirect costs and contingencies, please specify the amounts for each. For administrative or indirect costs, please specify the methodology used.