



Application for Broome County Hotel/Motel Funds for Marketing and Economic Development

Contact Information

First	_____	Last	_____	Title	_____
()	_____				
Phone	_____				
email	_____				
Organization Name	_____				
Organization Address	_____				
Address Continued	_____				
City	_____	State	_____	Zip	_____

Type of Applicant: Municipality
 Non-Profit, School District, or similar

The undersigned on behalf of the applicant does hereby certify that:

1. All statements made for the purpose of obtaining County assistance for the proposed project are either set out in full in this application, or are set out in full in the documents attached to this application and incorporated by reference, and are true to the best of my knowledge and belief.
2. The individual whose signature appears hereon is the organization's chief executive officer or authorized representative and is authorized to sign this application for the organization.

Signature: _____

Print Name: _____ Date: _____

Print Title: _____

Project Description

Describe the project, the specific location and/or service area, what agency or organization is going to be responsible for carrying the project out, and a list of key personnel. Attach additional pages as necessary.

[Empty rectangular box for project description]

Project Goals

Which of the following goals will your project address (check all that apply):

- Raise the profile of Broome County for travelers, business owners, entrepreneurs, site selectors and investors
- Attract investment to Broome County
- Foster entrepreneurship and innovation within Broome County
- Attract and retain businesses
- Attract and retain residents, with an emphasis on young professionals
- Generate meals, hotel stays, visits, extended visits, and/or increased retail sales by visitors from outside of Broome County

Explain how your project addresses one (or more) of these goals (attach additional pages as necessary).

Plan for Self Sufficiency:

Hotel-Motel funds are intended to be short term investments in projects that ultimately become self-sufficient. Explain your plan for becoming independent of County support (attach additional pages as necessary).

Project Budget

Uses of Funds

	Amount
A. Personnel Services	
a. Salaries and Wages	\$ _____
b. Fringe Benefits	\$ _____
Subtotal	\$ _____
B. Non-personnel Services	
a. Supplies and Materials	\$ _____
b. Equipment	\$ _____
c. Travel	\$ _____
d. Consulting	\$ _____
e. Advertising	\$ _____
f. Printing	\$ _____
g. Other	\$ _____
Subtotal	\$ _____
Total	\$ _____

Sources of Funds

	Amount	%	Status*
			Committed or Applied
a. Broome County Hotel Motel	\$ _____	_____	
b. State Grant Funds	\$ _____	_____	
c. Federal Grant Funds	\$ _____	_____	
d. Private Cash	\$ _____	_____	
e. In-Kind Contribution	\$ _____	_____	
Total:	\$ _____	_____	

Leveraged Funds:

Broome County seeks to leverage funds from other sources, with an emphasis on private funds. Describe the source of other funds and whether those funds have been committed to your project. Attach additional pages as necessary.

Please submit this application to: Director of Planning; Broome County Department of Planning & Economic Development; PO Box 1766; Binghamton, NY 13902 or via email to fevangelisti@co.broome.ny.us Questions regarding the application process should be directed to Frank Evangelisti at (607) 778-2414 or fevangelisti@co.broome.ny.us

For Office Use Only:

Committee Action: Approved Amount Approved: \$ _____ Date Approved: ____/____/____
 Declined Date Declined: ____/____/____ Reason Declined: _____