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.

Anticipated Outputs/Outcomes

What are the anticipated outputs/outcomes from this project?

Number of visitors/attendees: _____
Number of vendors/performers: _____
Number of ad buys: _____
Social media likes/shares: _____
Other:

Note: For projects receiving $5,000 or more, a final report which quantifies the outputs and outcomes will be required.

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
1	Artist/Performer Fees	$	
2	Consulting	$	
3	Advertising and Marketing	$	
4	Staff Salaries and Fringe Benefits	$	
5	Supplies and Materials	$	
6	Equipment	$	
7	Printing	$	
8	Other	$	
9	**Total Uses:**	$	0

Sources of Funds

			Amount	%	Status* (C or A)
10	Broome County Hotel Motel	$			
11	State Grant Funds	$			
12	Federal Grant Funds	$			
13	Other Grants Funds	$			
14	Private Funds including ticket sales	$			
15	In-Kind Contribution	$			
16	**Total from all Sources:**	$	0		

Note: Line 9 (Total Uses) and Line 16 (Total from all Sources) must match

Changes to this budget must be approved by Broome County. Recipients of these funds may be subject to an audit by Broome County or its agents.

Proposed use of funds: (Attach additional pages as necessary):

Note: Broome County Hotel Motel funds may not be used for lobbying, political campaigns or other donations.

Leveraged 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