



## ST. LANDRY PARISH PROJECT ASSISTANCE GRANT APPLICATION

### A. THE PROJECT

Project Type (i.e. brochures, ads, etc.): \_\_\_\_\_

Amount Requested: \_\_\_\_\_

Non-Profit or Government?

Organization: \_\_\_\_\_

☐ Yes ☐ No

### B. APPLICANT INFORMATION

Project Contact: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Organization Contact: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Organization Website: \_\_\_\_\_

Organization Physical Address: \_\_\_\_\_

Organization Mailing Address: \_\_\_\_\_

### C. APPLICANT/PROJECT HISTORY

Has this event/organization previously received a grant? ☐ Yes ☐ No

If yes, please list dates: \_\_\_\_\_

Use of grant funds (i.e. brochures, ads, etc.): \_\_\_\_\_

*\*If applicant is a municipality, please skip to section D.*

What is your total marketing budget for the current year? \_\_\_\_\_

What portion of last year's total marketing budget was spent on the following?

Digital Advertising: \_\_\_\_\_

Print Advertising: \_\_\_\_\_

Radio: \_\_\_\_\_

Television: \_\_\_\_\_

Other: \_\_\_\_\_

## D. NARRATIVE QUESTIONS

*\*If additional space is needed to answer the following questions, please attach a separate sheet.*

**D1. Project Description** – Provide a brief description of this project. Include information about your organization.

**D2. Project Purpose** – Describe the purpose, scope, and significance of the project. Emphasis should be put on the impact of this project and its marketing plan on local tourism and economic activity. Also, use this space to discuss the community's need for the project.

**D3. Marketing Plan** – Use this space to describe your organization's marketing plan and goals in relation to this project. Who is your target audience? Address efforts to increase awareness about your organization to your target audience.

**D4. Project Planning & Design** – *If your project is a printed piece, skip to section E.* What are your key performance indicators for this project? How will you track ROI (return on investment)? How do you plan to continue to fund this project in the future?

#### E. PROVIDER OF SERVICE

*\*Please include an attachment for each provider, including yourself. Web development and design projects must attach examples of work.*

Business: \_\_\_\_\_

Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Description of Services** – Briefly detail the services to be provided.

**Anticipated date of completion:** \_\_\_\_\_

**Do you have the rights/permission to images used for this project?** ☐ Yes ☐ No

#### F. PROJECT BUDGET & FINANCIAL SUPPORT

*\*In table F1, round all dollar amounts to the nearest \$1.*

**F1. BUDGET** – List all budget items for this project and the proposed costs of those items. Use the check box to specify items you are requesting funding for by the SLP Project Assistance Grant.

Item	Total
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<input type="checkbox"/>	_____
<b>Total Budget:</b>	_____
<b>Amount Requested:</b>	_____

## G. ASSURANCES

*\*Complete only if you are a sub-applicant.*

**Authorizing Official** (Usually a municipal representative)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

## H. SUPPLEMENTAL MATERIAL

**H1. Marketing Supplemental Material** – Include any additional material that will assist the Tourist Commission in evaluating the grant application. i.e. examples of work, proof, previous marketing piece, etc.

**NOTE:** All costs that have been approved for funding and meet the guidelines will be paid directly to the provider by the St. Landry Parish Tourist Commission upon receipt of itemized invoices. **\*\*Revised 7/3/2017**

## I. CHECK LIST

- ☐ I have read the guidelines and know what reports and items I am responsible for if I am awarded funding.
- ☐ There are no “blanks” on the application and narrative questions are answered fully.
- ☐ My application is typed
- ☐ I have proofed my application for accuracy, grammar, and spelling before submitting.
- ☐ I have supplemental material ready to bring to my presentation.
- ☐ *Optional but recommended:* I have submitted a draft of my application for review (due 21 days before my presentation date)
- ☐ I have submitted a typed application to the SLPTC Marketing Director ([sarah.wise@cajuntravel.com](mailto:sarah.wise@cajuntravel.com)), and I’ve printed a copy to keep for my own records.