



Application

72882 - Iowa Tourism Grant Program

85613 - Shawna's event brochure

TOURISM

Status: Editing

Submitted Date:

Primary Contact

AnA User Id	SR.LODE@IOWAID		
First Name*	Shawna		Lode
	<small>First Name</small>	<small>Middle Name</small>	<small>Last Name</small>
Title:			
Email:	shawnalode@gmail.com		
Address:	200 E Grand Ave.		
City*	Des Moines	Iowa	50309
	<small>City</small>	<small>State/Province</small>	<small>Postal Code/Zip</small>
Phone:*	515-725-0309		
	<small>Phone</small>	<small>Ext.</small>	
Program Area of Interest	TOURISM		
Fax:			
Agency			

Organization Information

Organization Name:	Shawna's Test Account
Organization Type:	Private
Tax ID:	
DUNS:	

Organization Website:

Address:

Iowa

City

State/Province

Postal Code/Zip

Phone:

515-725-3090

Ext.

Fax:

Benefactor

Vendor Number

Cover Sheet-General Information

Authorized Official

Name

Title

Organization

Address

City/State/Zip*

City

State

Zip

Telephone Number

E-Mail

Fiscal Officer/Agent

Name

Title

Organization

Address

City/State/Zip*

City

State

Zip

Telephone Number

E-Mail

County(ies) Participating, Involved, or Affected by this Proposal

Congressional District(s) Involved or Affected by this Proposal

Congressional Map

Iowa Senate District(s) Involved or Affected by this Proposal

District Map

Iowa House District(s) Involved or Affected by this Proposal

District Map

Project Details

GRANT ADMINISTRATION

Collaborative Application: Yes

"Collaborative application" means an application in which either multiple partners are providing monetary support for the project or multiple partners are actively participating in the project or both.

This is the entity that will execute the contract, administer the grant, and receive funds.

Applicant Organization: SAMPLE APPLICATION

If this application is collaborative, please list the "Head Applicant." Head applicant means the applicant on a collaborative application that is both the recipient of the funds and the administrator of the project. Throughout the application, all questions should be answered from the perspective of the Head Applicant.

Contact Person:

Organization Address:

City/State/Zip:

City

State

Zip

Phone:

Email:

Federal ID Number:

Organization Type:

In what region is the applicant located?

Click here for map

In what county is the applicant located?

Applicants that are attractions, restaurants, or lodging facilities or hosting an event MUST have submitted and/or update their listing at traveliowa.com within the last 18 months.

Submitted listing at traveliowa.com

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PROJECT INFORMATION

There are two classes of application. Please select the type that best represents your project.

"Marketing" means planning for or implementing efforts to publicize a community, event or destination using a range of strategies.

"Meetings, events and professional development" means the acquisition of or attendance at regional or national tourism-related meetings and conventions; execution of local festivals or similar tourism events that positively impact local and state economies; or execution of local or regional tourism-related education opportunities.

Project Type:

Project name:

Please provide a short summary of your project. This information will be included in your contract, should your application be successful.

Please DO NOT include information about marketing tactics that may change.

DO: The xxx is apply for funds to buy advertising in Minnesota to promote our festival.

DON'T: The xxx is applying for funds to buy advertising in the Minneapolis Star Tribune and the St. Paul Pioneer Press to promote our festival.

Project Summary:

(500 character limit)

NOTE: The date below will become the Project Completion Date on your contract. Successful applicants must submit a written evaluation and financial documentation within 60 days of project completion in order to receive final reimbursement. The completion date must be between July 1 and June 30 of the fiscal year in which you are applying for funds.

When will you complete your project?

APPLICATION NARRATIVE

15 Points - Please explain the project, the time line for its creation and implementation and how state funds will support the project.

Project Information:

(5,000 character limit)

See Rule 42.4(1)a to review an explanation of Project Information.

Please also see Rule 42.6(2)-(3)a for an explanation of eligible and ineligible costs.

15 points - Please explain how the project supports and mission of the Iowa Tourism Office and how the project grows state and local economies.(The mission of the Iowa Tourism Office is to grow the state's economy through travel expenditures.)

Tourism Industry Growth:

(5,000 character limit)

See Rule 42.4(1)b to review an explanation of Tourism Industry Growth.

15 points - Please explain how representatives of this applicant are active in the tourism industry.

Participation in the Tourism Industry:

(5,000 character limit)

See Rule 42.4(1)c to review an explanation of Participation in the tourism industry.

NEED

15 points - Please the applicant's financial need, including whether this project will take place without state funds.

Need:

(5,000 character limit)

See Rule 42.4(1)d to review an explanation of Tourism Industry Growth.

Will this project take place without an Iowa Tourism Grant?

15 points - Please explain how your project is part of a broader strategy to increase tourism locally and in the state of Iowa.

Quality and Strategy:

(5,000 character limit)

See Rule 42.4(1)e to review an explanation of Quality and Strategy.

5 points - Please list collaborative partners, if any, on this application. "Collaborative application" means an application in which either multiple partners are providing monetary support for the project or multiple partners are actively participating in the project or both.

Collaboration:

(5,000 character limit)

See Rule 42.4(1)g to review an explanation of Project Information.

5 points - Please explain your plan to provide recognition of the Iowa Tourism Office for its investment in your project.

Iowa Tourism Office Recognition:
(5,000 character limit)

See Rule 42.4(1)h to review an explanation of Project Information.

Applications from an applicant in a rural area, as defined in rule 261-42.1(15), will receive 5 points. Applications from applicants not based in a rural areas will receive zero points. If the application is a collaborative application, population diversity will be based on the community of the head applicant.

Population Diversity:

"Rural area" means either a city with a population of 10,000 or less, or a county that is among the 33 least populated in Iowa based on the latest data from the U.S. Census Bureau.

County and city populations

Internal Web Review

Is the entity updated on traveliowa.com?

Comments

Budget

Project Expenses	Iowa Tourism Grant Request	Cash Match
	\$0.00	\$0.00

Totals

Other project cash expenses not part of grant request, if any	\$0.00
Cash Match	\$0.00
Grant Request	\$0.00
Total Project Cost (Grant Request + Cash Match + Other Cash)	\$0.00
Cash Match Ratio (Cash Match/Grant Request)	0%
Leveraged Fund Ratio (Cash Match/Total Project Cost)	0%

Cash Match Supporting Letters

Other Documentation

Signature

Name/Signature

I certify that the information contained in and with this application is accurate and truthful and reflects the activities of the applicant.

Minority Impact Statement

Question # 1

1. The proposed grant programs or policies could have a disproportionate or unique **POSITIVE IMPACT** on minority persons.

If YES, describe the positive impact expected from this project

Indicate the group(s) positively impacted.

Question # 2

2. The proposed grant project programs or policies could have a disproportionate or unique **NEGATIVE IMPACT** on minority persons.

If YES, describe the negative impact expected from this project.

If YES, present the rationale for the existence of the proposed program or policy.

If YES, provide evidence of consultation with representatives of the minority groups impacted.

Indicate the group(s) negatively impacted.

Question # 3

3. The proposed grant project programs or policies are **NOT EXPECTED TO HAVE A DISPROPORTIONATE OR UNIQUE IMPACT** on minority persons.

If YES, present the rationale for determining no impact.

Certification

I hereby certify that the information on this form is complete and accurate, to the best of my knowledge.

Name of Person Submitting Certification.

Title of Person Submitting Certification