

# Hendricks County TED Fund Fall 2011 Application

**NOTE: All information must be typewritten or electronically reproduced on an original application form and contain original signature. Facsimiles will not be accepted.**

Organization Name \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 County \_\_\_\_\_ Phone Number ( \_\_\_\_\_ ) \_\_\_\_\_  
 Fax Number ( \_\_\_\_\_ ) \_\_\_\_\_ Web Address \_\_\_\_\_  
 Contact Person \_\_\_\_\_ E-mail \_\_\_\_\_  
 Tax ID Number \_\_\_\_\_  
 Date of Incorporation \_\_\_\_\_

**1. Summarize the project(s) for which funds are being requested.**

**2. Project(s) Cost - Enter the cost of each component as necessary.**

**Cost**

	\$ _____
	\$ _____
	\$ _____
	\$ _____
	\$ _____
	\$ _____
Total	\$ _____
Total amount requested (not to exceed 1:1 matching formula)	\$ _____
Organization's budget for the entire project	\$ _____
Organization's annual budget	\$ _____
Total of previous funding from this program	\$ _____

**3. Provide a complete description of the project being planned for which funding is requested. If an event, be specific as to the dates of the event, duration, location, and attendance history.**

**4. Describe your advertising/PR plan for the promotion of your event, campaign or project. Include quantities of printed materials to be produced when applicable. Demonstrate that the project would be directed toward markets outside of Hendricks County.**

**5. Visitor Impact**

How many participants are expected to attend the event or utilize the project? \_\_\_\_\_

How many out-of-county visitors are expected to attend the event or utilize the project? \_\_\_\_\_

How many of these visitors are expected to stay in Hendricks County lodging facilities? \_\_\_\_\_

How many nights do you expect each visitor to stay in the lodging facilities? \_\_\_\_\_

How many lodging rooms do you expect to book each of those nights? \_\_\_\_\_

Explain your method for determining the above numbers including any estimates and give a brief description of how your project impacts Hendricks County tourism.

**6. Describe the method that will be used to evaluate the success of the proposed project or event.**

**7. Describe the applying organization, giving details of its overall tourism plan for the community and/or county and attractions. A description should be included as to how the proposed project will enhance and develop tourism and quality of life in Hendricks County.**

**8. List all other organizations collaborating on this project.**

**9. If funding is awarded, describe what method of funding will be used in the future for promotional efforts to continue enhancing tourism.**

**10. List all previous grants awarded from the Hendricks County TED Fund.**

Year	Project	Amount Granted
_____	_____	\$ _____
_____	_____	\$ _____
Total of previously awarded grants		\$ _____

On behalf of the organization identified on this application, I do hereby certify that the submitted application meets all the eligibility requirements for the TED Fund of the Hendricks County Convention & Visitors Bureau (HCCVB).

I understand that the grant fund provides a 1:1 match, that the project cannot be completed prior to written approval notification by the HCCVB. The completed project must adhere to the required guidelines as outlined in the TED Fund Instructions. I agree to meet with the TED Fund Administrator within 14 days of being notified by the HCCVB and will not move forward with parts of the project that will be utilized with the grant funds or matching funds without pre-approval by the Administrator. I also understand that the project must be completed within one calendar year from the date of notification.

Signature \_\_\_\_\_ Title \_\_\_\_\_  
 Printed Name \_\_\_\_\_ Date \_\_\_\_\_