Applications are Due: the first Friday of the Month for consideration at the second Thursday of the Month Tourism Commission meetings.

Please return application, reference letters, and warranty signature page to:

City of Sun Prairie
ATTN: Tourism GRANT
300 E Main Street
Sun Prairie, WI 53590
City of Sun Prairie
Tourism GRANT

SUMMARY

ABOUT THE TOURISM COMMISSION
Pursuant to Section 66.75(a) and (c)(1), Wisconsin Statutes, the City of Sun Prairie has created a commission to coordinate tourism and promotion and development in the City.

Seventy (70) percent of the tax collected by the city under this chapter shall be forwarded to the commission to be spent on tourism promotion and development by the commission. The commission shall have the authority and carry out the duties set forth in Section 66.75(1m)(c) and (d), Wisconsin Statutes, and as otherwise provided by law. Such duties shall include, without limitation, the following:

1. Using the room tax revenue that it receives from the city to promote and develop tourism in the city;
2. Reporting any delinquencies or inaccurate reporting of room tax to the city;
3. Reporting at least annually to the city the purposes for which the room tax revenues it received were spent.

ELIGIBILITY
1. Grants will be made to an organization (or to an organization on behalf of individuals), and not to individuals.
2. Grant recipients and recipient programs and events must be in Sun Prairie or involve overnight stays in Sun Prairie.
3. Grants will be made only to organizations whose program or event promotes and anticipates overnight stays in the Sun Prairie area.

CRITERIA
1. The program or event to be served by the grant has the ability to generate overnight stays in the City of Sun Prairie.
2. The anticipated number of overnight stays that the grant application will be generating.

ADDITIONAL REQUIREMENTS
1. The applicant must fill out the grant paperwork and be willing to fill out a follow up report. *Please do not staple application.
2. The applicant must be willing to be included or mentioned in promotional work including website, public relations, etc. by the City of Sun Prairie
3. When a grant is awarded, the City of Sun Prairie Tourism Commission recognizes that the award provides opportunities for benefits to both parties. The Program reserves the right to expect the following.
   - Acknowledgement in publicity by grantee of City of Sun Prairie Tourism Commission sponsorship, and association through various media, press releases, press conferences, publicity, photos, etc.
   - Acknowledgement in publicity within the grantee organization.
   - Acknowledgement and presence on each other’s respective websites where appropriate.
   - Logos will be provided upon request.
3. The applicant must submit three (3) references in support of the organization and/or programs.
4. The applicant must provide us with a completed W-9 form. Form has been made available and can be found by clicking here.

REVIEW PROCESS
Upon receipt of the application by the City of Sun Prairie Tourism Commission, it will be reviewed for eligibility. Grant applications will be reviewed up to twice per year. As such, Applications must be submitted by February 1 for Spring and Summer events; July 1 for Fall and Winter events. Additional reviews may be scheduled. Please check the City of Sun Prairie Tourism Commission website, http://www.cityofsunprairie.com/756/Tourism-Commission to determine the next review period. Grants are reviewed by City of Sun Prairie staff with final approval given by the and the City of Sun Prairie Tourism Commission.

Notes: Payouts are to be paid on a reimbursable, end of program basis. Preference given to programs beginning after award date.
Grant amounts are subject to fund availability.
City of Sun Prairie
Tourism GRANT
SUMMARY

Please be as succinct and clear in your responses as possible. Applications will be scored based on depth, quality and clarity of information provided. We ask that you please limit your responses to the text boxes provided.

DATE OF REQUEST


PRIMARY ORGANIZATION CONTACT

FULL NAME

TITLE

PHONE FAX

EMAIL

ORGANIZATION INFORMATION

ORGANIZATION

LEGAL NAME

FOUNDING DATE STATUS: For Profit □ Not for Profit □

EMPLOYER IDENTIFICATION NUMBER

MAILING ADDRESS

CITY STATE POSTAL CODE

PHONE FAX

EMAIL

WEBSITE

HOW DID YOU HEAR ABOUT THIS GRANT
APPLICANT MUST ALSO SUBMIT THREE REFERENCE LETTERS IN SUPPORT OF THE ORGANIZATION OR PROGRAM.
ORGANIZATION INFORMATION (continued) - Please limit your responses to the boxes provided

1. Amount Requested

2. What will this money be used for?

3. Please itemize what grant request will fund and associated costs for each element(s).

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<thead>
<tr>
<th>Item</th>
<th>Cost</th>
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4. Is this a new or continuing program/event?
   - ☐ New
   - ☐ Continuing

5. Has spending against the program or event currently in progress?
   - ☐ Yes
   - ☐ No

7. What is the timeline expected when funds will be used? Please list beginning month and projected end.

   [ ]
9. Please provide a brief description of the service(s) provided by your organization.

10. Please list the amounts and describe the standard fees for participation in the organization.

11. Provide a brief description of the organization requesting this grant, including program and organizational goals.

12. Please explain how the program or event’s success will be measured by the organization.
ORGANIZATION INFORMATION (continued)

13. Please detail the intended purposes for the requested grant funds and all related costs. Please describe or attach the program's budget (or use template on page 7) and detail any other grant or sources of funding for this program.

14. Please describe the time frame for grant implementation.

15. Please provide historical and projected participation numbers for this program or event.

16. For the amount requested, what is the lowest acceptable amount (in dollars) of funding should the full amount be unavailable?

17. Please provide point of contact information for this program or event.
<table>
<thead>
<tr>
<th>Projected Expenses</th>
<th>In-kind</th>
<th>Cash</th>
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<tbody>
<tr>
<td>Participation/Registration Fees</td>
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<td>Transportation</td>
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<td>Overnight Stays</td>
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<td>Facility Rental Costs</td>
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<td>Staff/Administrative Costs</td>
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<td>Marketing/Promotions</td>
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<td>Other Costs</td>
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<td>Total In-Kind Expense</td>
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<td>Total Cash Expense</td>
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<td><strong>TOTAL EXPENSES</strong></td>
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City of Sun Prairie GRANT
RECOMMENDATION LETTER

APPLICANT INFORMATION
TO APPLICANT: Please complete this section of the form. Give one form to each of the (3) references to complete.

APPLICANT’S NAME & ORGANIZATION

REFERENCE INFORMATION
TO REFERENCE: The applicant named above is seeking a grant from the City of Sun Prairie Tourism Commission. Please complete the questions on this form as candidly as possible.

FULL NAME

TITLE

ORGANIZATION

RELATIONSHIP TO APPLICANT

YEARS KNOWN APPLICANT

PERSONAL LETTER OF RECOMMENDATION

REFERENCE SIGNATURE

__________________________
The Applicant acknowledges the importance to the City of Sun Prairie Tourism Commission (the “Commission”) of verifying that, if this application is accepted in whole or in part, the funds disbursed to the Applicant are used in the manner described in this application. The Applicant hereby agrees that, if this application is accepted in whole or in part, the Applicant agrees to (a) maintain appropriate records of the Applicant’s uses of all funds disbursed to the Applicant by the City of Sun Prairie Tourism Commission, and (b) promptly upon the request of the Commission, provide copies of such records and any other records as the Commission may reasonably request, including without limitation the financial records of the Applicant, for the purpose of verifying that the funds disbursed to the Applicant were used in the manner described in this application.

The Applicant further agrees that if this application is accepted in whole or in part, the Applicant will, at any time upon the request of the Commission, complete and return the “Follow-Up Report” attached hereto.

The Applicant acknowledges and agrees that the Commission may recover from the Applicant any funds disbursed pursuant to this application if the Commission reasonably determines that such funds were, or appear to be, misused.

Once the Application is approved, the Commission will provide an outline of a recommended Grant Agreement document, which will require Review and Approval by the Approved Applicant, prior to the program or event.

The Applicant represents and warrants that its responses to this questionnaire are true and accurate.

NAME
__________________________________________

TITLE
__________________________________________

ORGANIZATION
__________________________________________

SIGNATURE
__________________________________________

DATE
__________________________________________
This form is to be completed after an award is granted and is required for the balance payment.

DATE ________________________________

ORGANIZATION INFORMATION

ORGANIZATION ________________________________________________________________

MAILING ADDRESS ______________________________________________________________

CITY __________________ STATE ______ POSTAL CODE __________

EMAIL ____________________________________________

FOLLOW UP INFORMATION

Please provide an overstay report, including total stays in Sun Prairie versus overall overnight stays in the area.

Please provide program or event attendance.

Please provide a recap of marketing measures of success for all funds applied to marketing efforts, including but not limited to targeting information (location or marketing trade areas, age, gender, timeframe), number of impressions, follows, likes, and click through rates.

What is the future of the event?

What were strengths and weaknesses of the grant application process, from applying to receiving money?

How did you first hear about this grant?

☐ Website ☐ Staff ☐ Publication ☐ Press Release ☐ TV / Radio ☐ Other: ________________

The grant recipient and organization represent and warrant that the responses in this follow up report are true and accurate.

NAME ___________________________ TITLE ___________________________

SIGNATURE ______________________ DATE ________________________