

Tourism & Economic Recovery Marketing Grant

The Tourism and Economic Recovery Marketing Grants are the implementation of a \$600,000 appropriation by the Vermont Legislature to provide grants to organizations to support their efforts and activities related to regional tourism marketing to aid recovery from COVID-19.

These grants are intended to enable local, regional, or statewide organizations to implement campaigns and initiatives that increase consumer spending, support local businesses, and advance community recovery efforts to support businesses in Vermont that have suffered economic harm due to the COVID-19 public health emergency. The Department shall ensure that funds are distributed equitably to reach a broad audience, including underrepresented communities and new and diverse communities of visitors.

For more information on eligibility and funding priorities, please review the [full grant details on our website](#).

We encourage all applicants to draft responses in a separate document and copy over to the application. **Application may NOT be saved and must be completed in one sitting.**

This is 1 of 2 required application forms. Applications will not be accepted without a completed Financial Cover Sheet. [Please fill out your Financial Cover Sheet here](#).

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Applicant Organization & Contact Information

Applicant Organization Legal Name *

Primary Contact Name *

First

Last

Primary Contact Title *

Email *

Phone Number *

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Tourism & Economic Recovery Marketing Grant

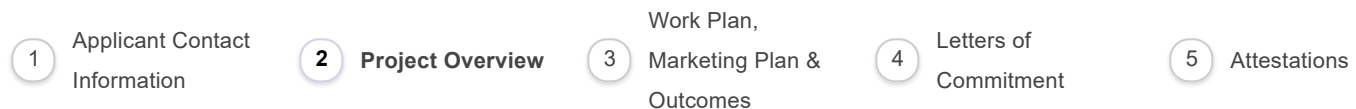
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Project Description

Please provide the details of your proposed project. Be as clear and concise as you can. Be specific regarding the expected implementation outcomes and measures used to evaluate success. If you have questions, refer to program FAQs. The required budget document and letters of support must be submitted along with this application as uploaded PDF files.

Amount of Grant Funds Requested *

Enter a value between **10000** and **30000**.

Brief Project Description *

Enter **50** to **250** words. *Currently Used: 0 words.*

Project descriptions must describe the project in sufficient detail to provide understanding of the major activities that will occur.

Provide a detailed project overview that describes the campaigns and/or initiatives and how they will increase consumer spending, support local businesses, and advance community recovery efforts to support businesses in Vermont that have suffered economic harm due to the COVID-19 public health emergency. *

Priority consideration will go towards projects with a transformational regional impact and aim to reach a broad audience, including underrepresented communities and new and diverse communities of visitors.

Describe how your project will advance community recovery and support local businesses impacted by COVID-19 public health emergency. *

Describe how this project will have a regional impact with a common vision. *

Describe how this project will reach a broad audience, including underrepresented communities and new and diverse communities of visitors. *

Will this project generate marketing assets such as photo or video or other collateral that can be shared with the Department of Tourism and Marketing at the close of the project? *

- ☐ No
- ☒ Yes

Please describe the marketing assets that will be created and shared with the Department of Tourism and Marketing at the close of the project to benefit all of Vermont. *

The parties agree that ownership of all data, papers, reports, forms, or other material collected or produced by the Grantee, under this contract, (the "work product") shall belong to the Grantee. Upon a request made by the State, the Grantee shall provide, free of cost, copies of all such work product no later than 30 days from the date of the request. The State shall have a nonexclusive, nontransferable, irrevocable, royalty free paid-up license to use or have used the work product for or on behalf of the State during the pendency of the agreement and thereafter. The State may provide the work product to its contractors, grantees, community partners, and to other local, state, and federal governmental entities for their non-commercial use.

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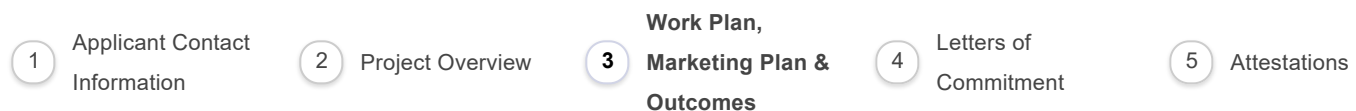
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Work Plan including Schedule & Budget

Please upload a detailed work plan using the [Work Plan Template](#) provided. Work plan should detail each task, the cost associated with each task and the expected timeline for completion. Reference a [Sample Work Plan](#) here.

Project Work Plan *

No file chosen

Using the [Work Plan Template](#), please upload your project budget.

Describe how you will leverage local funding or resources *

Marketing Plan

Please upload a marketing plan that details the strategy you will employ to reach your audience. The plan should identify the target market, the value proposition, the campaigns to be initiated, and the metrics to be used to assess the effectiveness of marketing initiatives. Include how this project will equitably reach a broad audience, including underrepresented communities and new and diverse communities of visitors.

Marketing Plan *

No file chosen

Project Outcomes

Required Outcome 1: Estimated number of participating businesses *

Required Outcome 2: Estimated Number of people outside of your region reached by this project *

Please estimate the number of business who will participate in this project.

Please estimate the number of people outside of your region you anticipate reaching with this project.

Required Outcome 3: Return on investment *

Please estimate the consumer spending generated by this project.

Estimate the number of businesses by type that will benefit from this project

Arts and culture *

Attractions *

Lodging *

Food and beverage (including restaurants) *

Retailers *

Other businesses *

Describe any other metrics you may be using to track the success of your project. *

Provide a detailed description of how you will track the required outcomes for this project. *

Service Area *

- | | |
|--|--|
| <input type="checkbox"/> Statewide | <input type="checkbox"/> Addison County |
| <input type="checkbox"/> Bennington County | <input type="checkbox"/> Caledonia County |
| <input type="checkbox"/> Chittenden County | <input type="checkbox"/> Essex County |
| <input type="checkbox"/> Franklin County | <input type="checkbox"/> Grand Isle County |
| <input type="checkbox"/> Lamoille County | <input type="checkbox"/> Orange County |
| <input type="checkbox"/> Orleans County | <input type="checkbox"/> Rutland County |
| <input type="checkbox"/> Washington County | <input type="checkbox"/> Windham County |
| <input type="checkbox"/> Windsor County | |

Select all areas of the state that will benefit from this project.

If the project will serve a State designated area, indicate which designated area will be served. *

[Find the full list of State designated areas here](#)

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Letters of Commitment

Please indicate the number of partners that will be assisting with the completion of this project. For each partner, a Letter of Commitment outlining their role and responsibility will be required. Upload a Letter of Commitment from each project partner using the space provided below.

How many organizations will be collaborating with you on this project? *

Please indicate the number of partners that will be assisting with the completion of this project.

For each partner, a Letter of Commitment outlining their role and responsibility will be required.

Organization 1 Name *

Roles and Responsibilities of Organization 1 *

Letter of Commitment 1 *

Choose File

No file chosen

Organization 2 Name *

Roles and Responsibilities of Organization 2 *

Letter of Commitment 2 *

Choose File

No file chosen

Organization 3 Name *

Roles and Responsibilities of Organization 3 *

Letter of Commitment 3 *

Choose File

No file chosen

Organization 4 Name *

Roles and Responsibilities of Organization 4 *

Letter of Commitment 4 *

Choose File

No file chosen

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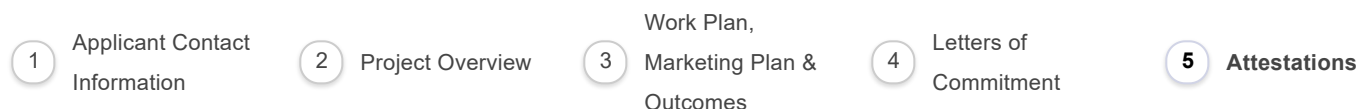
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Attestations

An authorized signatory of applicant organization must attest to the following by checking the box next to the statement and signing this document.

Applicant will report on incurred expenses and/or losses, in a form and at a frequency prescribed by the State of Vermont and will cooperate with the State of Vermont in creating and retaining appropriate documentation in adherence to the grant. *

☐ I attest

To the extent that actual expenditures or demonstrated need is less than the total award amount, Applicant agrees to return the balance of unspent funds to the State of Vermont. If the State of Vermont determines that the awarded funds were used in a manner not in compliance with the grant agreement, Applicant agrees that the State of Vermont may recover funds from Applicant by reducing future funding in State budgets. *

☐ I attest

Applicant must repay the award or portion of the award to the Agency of Commerce and Community Development if: any funds received were issued in error; are based on incorrect representations made to the Agency of Commerce and Community Development; or any costs forming the basis of an award under this program are covered by other State and federal funds received by Applicant. I agree that the final determination of whether there has been a duplication of benefits and the amount to be repaid, if any, will be made by the Agency of Commerce and Community Development. *

☐ I attest

Applicant has applied for FEMA-Public Assistance funding first for all FEMA-eligible expenses before applying to this grant. Applicant will only use this grant to cover expenses that are not eligible for FEMA-Public Assistance reimbursement. *

☐ I attest

Applicant shall maintain and make available to the State of Vermont upon request, all documents and financial records sufficient to establish compliance with the grant agreement. Records and supporting documentation must be maintained for a period of three years after all funds have been expended or returned to the State, whichever is later. Records to support grant compliance may include, but are not limited to, copies

of the following:

- (a) General ledger and subsidiary ledgers used to account for (1) the receipt of payments and (2) the disbursements from such payments to meet eligible expenses;
- (b) Budget records;
- (c) Payroll, time records, human resource records to support costs incurred for payroll expenses;
- (d) Receipts of allowable and allocable purchases;
- (e) Contracts and subcontracts entered into using grant funds and all documents related to such contracts;
- (f) Grant agreements and grant subaward agreements entered into using grant funds and all documents related to such awards;
- (g) All documentation of reports, audits, and other monitoring of contractors, including subcontractors, and grant recipient and subrecipients;
- (h) All documentation supporting the performance outcomes of contracts, subcontracts, grant awards, and grant recipient subawards;
- (i) All internal and external email/electronic communications related to use of grant funds; and
- (j) All investigative files and inquiry reports involving grant funds. *

☐ I attest

To the best of my knowledge, neither Applicant nor Applicant's principals (officers, directors, owners, or partners) are presently debarred, suspended, proposed for debarment, declared ineligible or excluded from participation in State and Federal programs, or programs supported in whole or in part by State and Federal funds. *

☐ I attest

Applicant will submit reports as required by the State of Vermont, Agency of Administration, and/or Agency of Commerce and Community Development. *

☐ I attest

Applicant agrees that ownership of all data, papers, reports, forms, or other material collected or produced by the Grantee, under this contract, (the "work product") shall belong to the Grantee. Upon a request made by the State, the Grantee shall provide, free of cost, copies of all such work product no later than 30 days from the date of the request. The State shall have a nonexclusive, nontransferable, irrevocable, royalty free paid-up license to use or have used the work product for or on behalf of the State during the pendency of the agreement and thereafter. The State may provide the work product to its contractors, grantees, community partners, and to other local, state, and federal governmental entities for their non-commercial use. *

☐ I attest

The Agency of Commerce and Community Development may share the information on this award with other Vermont state agencies, and other Vermont agencies can share information with Agency of Commerce and Community Development for the purpose of verifying Applicant's eligibility for this or another award. *

☐ I attest

Applicant agrees to the State of Vermont's Standard Provisions for Contracts and Grants *

☐ I attest

[Review Vermont State Standard Provisions for Contracts and Grants here.](#)

All of Applicant's tax returns are completed and filed through the date of application filing. *

☐ I attest

Applicant complies with local, state and federal labor laws. *

☐ I attest

Applicant is in good standing with the Vermont Secretary of State. *

☐ I attest

I attest, under penalty of perjury, that all information provided on this form is true and accurate. I understand that the State of Vermont will rely on this certification as a material representation in making this award. Further, I understand that intentional misrepresentation of information is fraud and may subject me or my organization to disqualification from receiving further benefits, administrative penalties, and criminal prosecution. *

☐ I attest

Printed Name *

Title *

Signature of Applicant *

Date of Submission *

 / / 

MM

DD

YYYY