



Olympic Peninsula Visitor Bureau Tourism Enhancement Fund 2019 Grant Application Cover Sheet	Received by OPVB: Initials: _____ Date: _____ Grant Amount Awarded: _____
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Project/Event Title:	
Submitting Organization:	Federal Employer ID# (if applicable)
Location of Project:	Date of Event or Project Completion:
Project/Event Director:	Title:
Mailing Address:	
Telephone:	Fax:
E-mail Address:	
Amount Requested from Tourism Enhancement Fund:	
Use of Requested 2019 Funds (check one): _____ Tourism Promotion/Activity _____ Tourist-related facility	
Have you applied for an OPVB Tourism Enhancement Grant in the past? If Yes, list all past years applied:	

Please send one (1) original and five (5) copies of your application. (Use either staples or paper clips only please.)

Include the following information in your narrative and check off the items on this list:

- _____ 1. Summary of the project/event. (Include location and date, if applicable.)
- _____ 2. Description of how project/event will attract overnight destination guests. Must include estimates of the following:
 - Number of attendees/participants (overall)
 - Number of tourists who will travel more than 50 miles for the event/activity
 - Number of tourists traveling more than 50 miles, but attending only for the day
 - Number of overnight tourists staying in paid accommodations
 - Number of overnight tourists staying in non-paid accommodations (i.e. staying with friends or family)
 - Number of attendees/participants from another country or state outside their place of resident or business
 - Number of paid lodging room nights resulting from your event/activity
 - Describe how these estimates have been determined.
- _____ 3. List of key personnel on project/event committee.
- _____ 4. Proposed event budget showing revenue/expenses.
- _____ 5. List of other agencies' grant funds are being requested of and the amount.
- _____ 6. Itemized list of how these grant funds will be used in project/event.
(Include distribution, publication and target market information, if applicable.)
- _____ 7. Proof of liability insurance.

Notification of acceptance will be sent to the Project/Event Director at the above address. Please refer to the program outline for application requirements and project/event criteria.

We have read and understand the terms and requirements of this program and agree to fulfill our obligations in accordance with same should this application be selected for funding.

Signature:

Signature - Project/Event Director Date

Mail/deliver application materials to:

OPVB, PO Box 670, Port Angeles, WA 98362. (618 S. Peabody St. Suite F, Port Angeles, WA 98362)
Call the OPVB office at 360-452-8552 or email director@olympicpeninsula.org with any questions.