

**CITY OF LENOIR TOURISM DEVELOPMENT AUTHORITY**  
**Project Funding Request**

**Request for Special Projects Funding**

The City of Lenoir Tourism Development Authority [LTDA] welcomes proposals for special projects funding that are designed for the purpose of attracting tourists and tourism investment to the City of Lenoir. Both for profit and non-profit organizations may apply for project funding. The LTDA Board reviews requests for funding twice annually—typically at the first LTDA meeting following July 31, and the first LTDA meeting following January 31.

**Procedure for Applications**

Any individual or organization wishing to request funding support from the LTDA must complete the Special Project Funding Request Form and the Budget Form. These forms must be submitted to the LTDA either before July 31 or before January 31 of each year. Requests submitted from January 31 until July 31 will be reviewed at the first LTDA meeting following July 31. Requests submitted from July 31 until January 31, will be reviewed at the first LTDA meeting following January 31. Applications may be mailed to:

**City of Lenoir Tourism Development Authority**

**Attention: LTDA Staff Liaison**

**801 West Avenue NW-PO Box 958**

**Lenoir, NC 28645**

**Applications may also be submitted electronically to: [cityoflenoir@gmail.com](mailto:cityoflenoir@gmail.com)**

## APPLICATION FOR FUNDING

**Applicant hereby accepts the conditions as set forth in the Funding Policy for Lenoir Tourism Development Authority Grants as outlined below:**

1. Applicant must justify that the grant funds will be used for the promotion of tourism and the financial need for the grant must be justified. The LTDA Project Budget form is required.
2. Grant funds shall be used only for expenses directly related to projects to increase the tourism revenue of the City of Lenoir.
3. Applications including matching funds on a dollar-for-dollar or greater basis are given greater priority.
4. A Project Completion and Payment Request form must be completed for each funded project before LTDA funds are released. The Payment Request form and attached invoices and receipts must be approved by the Finance Officer for the City of Lenoir before a check is issued for the payment of invoices for any funded project.
6. Termination or cancellation of a funded project must be reported to the LTDA.
7. Grant recipients must use the tag line "Funded in part by City of Lenoir Tourism Development Authority" on any printed materials, internet materials, or media advertising paid for with any portion of LTDA funds.

**Your signature below certifies that you agree to submit to the Finance Officer of the City of Lenoir a "Project Completion and Payment Request " form with an accounting of any grant funds received from this application. This accounting should include invoices and cancelled checks pertaining to the grant request and is due within thirty (30) days after the funded project is complete. Any extension of time for submitting the Project Completion and Payment Request form require LTDA approval and may delay reimbursement.**

**I understand the above conditions and policies and agree to abide by same as a condition for receiving funding from the City of Lenoir Tourism Development Authority.**

---

*Authorized Signature of Applicant*

---

*Date*

<b>Application for Tourism Projects</b>	
<b>Lenoir Tourism Development Authority</b>	
<b>Name of organization</b>	
<b>Contact Person</b>	
<b>Telephone</b>	
<b>E-mail Address</b>	

<b>Mailing Address</b>	<b>City/State/Zip</b>
<b>Corporate Information</b> <i>Please check the appropriate box</i>	
<b>For Profit Company</b> <input type="checkbox"/> <b>Non-Profit Organization</b> <input type="checkbox"/>	
<b>Tax ID Number</b>	

<b>Project Narrative</b>				
<b>Briefly describe the proposed project. Be certain to answer each of the questions.</b>				
1. What is the proposed project?				
2. What is the starting date for the proposed project?				
3. What is the closing date for the proposed project?				
4. Who are the individuals who will be responsible for carrying out the proposed project? Please list below.				
Name	Role	Email Address		Phone Number
5. How will the proposed project increase tourism in the City of Lenoir?				
6. How does your organization plan to document the increase in tourism related to the proposed project?				

City of Lenoir Tourism Development Authority						
Special Project Budget Form						
Eligible Expenses						
Description	Amount					
	Print Ads	Media Ads (radio, tv, or social media)	Brochures, flyers, or rack cards	Performance Fees (attach contract)	Other	Item Total
Event Brochure						
<b>Total Eligible Expenses</b>						

Ineligible Expenses						
<i>NOTE: Ineligible expenses include, but are not limited to such items as: personnel (salaries); office space; telephone/utilities, etc.; promotional items/giveaways.</i>						
Description	Amount					
	Personnel	Rent/Venue	Utilities	Promotional Items	Other	Item Total
Salaries						
<b>Total Ineligible Expenses</b>						

Income	
Source	Amount
<b>Total Income</b>	
<b>Net Profit/Loss</b>	
<b>Amount requested from LTDA</b>	

## Special Project Completion and Payment Request Form

*This report must be submitted to the Finance Officer for the City of Lenoir within 30 days following the event for which Lenoir Tourism Development Special Projects Funding was approved. Any extension of time for submitting this form requires LTDA approval and may delay reimbursement.*

Date of Request	
Date Project Funding was approved	
Name of organization	
Contact Person	
Telephone	
E-mail Address	
Mailing Address	City/State/Zip

**In compliance with the Guidelines for Special Projects Funding from the Lenoir Tourism Development Authority [LTDA], the following is a description of activities and accomplishments undertaken by this organization using funds for approved items on the LTDA Special Project Funding Budget Form.**

***How did this project/event improve Lenoir and contribute to the advancement of tourism in Lenoir and Caldwell County?***

**Please list each approved expenditure for reimbursement in the columns below. Attach copies of all paid invoices, cancelled check and receipts.**

Purpose of expense	Date of expense	Vendor name	Amount of expense	Check Number
<b>Total of expenses for reimbursement</b>			\$	-

*I hereby certify that this is an accurate description of activities carried out with this project and an accurate accounting of approved project expenses for reimbursement.*

*Signature of Authorized Representative of Organization* *Date*