



# Grant Program

## POLICIES AND APPLICATION

Approved by the

**CAMPBELL COUNTY LODGING TAX  
JOINT POWERS BOARD**

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## I. INTRODUCTION AND DEFINITION

The Campbell County Convention and Visitors Bureau (CCCVB) is governed by the Campbell County Lodging Tax Joint Powers Board. This Board is made up of tourism industry professionals and others, appointed by the City, County and Town of Wright Municipal Officials. The CCCVB administers funds collected from the County 4% Lodging Tax on occupied transient lodging sales, i.e. hotels/motels, Airbnb's, and campgrounds. The funds are designated to promote Campbell County as a visitor destination with emphasis in the following markets: leisure & group travel, meetings and conventions, special events, cultural activities and sporting events.

The CCCVB allocates funds from its annual budget to a grant program for groups and organizations that coordinate events with a demonstrated history of visitor impact, significant potential to draw visitors to the area or economic development. The grant fund is administered by the CCCVB with the approval of the Campbell County Lodging Tax Joint Powers Board.

A "Special Event" shall be defined as a "new or existing organized festival, fair, conference, meeting, or sports exhibition, which is conducted according to a pre-arranged schedule, and in which general public interest is manifested. For the purpose of this grant program, the public interest should extend to Campbell County residents and to those living outside Campbell County who would consider visiting and staying overnight to observe or participate.

The program, project or special event must be in direct correlation with the CCCVB's mission statement which is **"The mission of the Campbell County Convention & Visitors Bureau is to promote and provide monumental experiences for all visitors to Campbell County"**.

Each application will be evaluated against established criteria. The number and extent of these grants will be dependent upon the availability of designated funds and specific allocations. Ideally, the funds allocated by the CCCVB for programs, projects or special events will eventually be returned through an increase in transient lodging sales, additional lodging and sales tax revenues, and/or economic impact to the community.

## II. STATEMENT OF POLICIES

- A. Grant funds are intended to supplement the sponsoring organization's budget.
- B. Funding is intended to generate media exposure, support marketing and promotional efforts, venue/site rentals, travel expenses to trade shows, costs associated with production and technical expenses or visiting artists and/or exhibits.
- C. Grant applications will be reviewed at each of the Campbell County Lodging Tax Joint Powers Board regularly scheduled meetings unless there are extenuating circumstances.
- D. Funding shall be provided as **reimbursement** for approved actual expenditures upon completion of the event. Proof of payment must be provided. Proof of payment may be submitted in the form of a vendor invoice/receipt and a copy of the cleared check or credit card receipt. Cash receipts will not be accepted without written confirmation from the vendor that expenditure has been paid in full.
- E. Under special circumstances, upfront funding may be petitioned for at a monthly board meeting, for up to 50% of the total grant approved, until the first day of the event. The remaining 50% will be provided as reimbursement for approved actual expenditures upon completion of the event, and submission of the completed Post Event Report and Survey.

- F. To be eligible for payment, a completed Post Event Report must be submitted. Failure to submit a complete Post Event Report will result in disqualification for support. If the event occurs near the end of the CCCVB's fiscal year, final receipts for reimbursement must be received before the fiscal year audit of the CCCVB financials, or the grant funds will be considered forfeited by the organization.
- G. Any funds granted will be subject to audit by the CCCVB's auditor.
- H. Recognition of the CCCVB grant/sponsorship **MUST BE** included where appropriate on all printed material, electronic media, the organization's web site and referred to in public relation activities. A CCCVB logo will be provided. All printed materials with the CCCVB's logo must be presented with the Post Report. Failure to include the logo can be cause for disallowing reimbursement of the grant funds. In order to be able to utilize the CCCVB logo on marketing materials for the event, the application must be received and reviewed through the approval process **six weeks prior to the event start date** to allow the inclusion of the CCCVB logo on materials. The CCCVB will also provide a 3' X 5' banner to be displayed at the event, if appropriate.
- I. Allowable expenses shall include the following: promotion, marketing and programming expenses, educational materials, staging of events, paid advertising that reaches beyond Campbell County with potential to drive overnight visitations, media buys, production and technical expenses, site fees/costs, speaker fees, and/or travel expenses to trade shows.
- J. Unallowable expenses include: general and administrative/labor expenses, building construction, renovating and/or remodeling expenses, and debts incurred prior to grant requests that are unrelated to the current event grant request.

### III. FUNDING ELIGIBILITY

The intent of the Grant Funding Program is to provide funding assistance for programs, projects and special events that create a positive economic impact to Campbell County's commercial lodging and campground industries, restaurants, retail establishments and other businesses. To be considered for funding, the following criteria have been established:

1. Applications **MUST** be received six (6) weeks prior to the event date.
2. Grant Funding Application must be filled out completely.
3. Each application must include a signed Certification and Compliance Page.
4. The Grant Funding Request must positively impact the economy in Campbell County.

#### IV. RATING CRITERIA AND PROCESS

Each grant application will be reviewed by CCCVB staff to ensure that all required materials have been supplied. Failure to supply all the required materials will result in disqualification. Following staff review, the scored applications will be presented to the Campbell County Lodging Tax Joint Powers Board for approval and funding level. The CCCVB staff will score each application on a 50-point scale based on the following:

<p><b>TOURISM DEVELOPMENT</b></p>	<ul style="list-style-type: none"> <li>•Request contributes to the overall appeal of Campbell County as a preferred visitor destination through its program, project or event offerings. (5 POINTS)</li> <li>•Request has the ability to generate lodging tax dollars, sales tax dollars/economic impact: (5 POINTS)               <ul style="list-style-type: none"> <li>- Overnight stays in commercial lodging, campgrounds, Airbnb's, etc.</li> <li>- Catered group meals and/or dining out, grocery purchases</li> <li>- Entertainment/Tour Fees</li> <li>- Shopping/retail purchases or rentals</li> <li>- Venue rental fees</li> <li>- Fuel/transportation purchases</li> </ul> </li> <li>•Request is descriptive and clearly defines target market(s). (5 POINTS)</li> <li>•When appropriate: request fills non-peak time periods. (5 POINTS)</li> </ul>	<p><b>25 POINTS</b></p>	
<p><b>PROGRAM/ PROJECT OR EVENT EVALUATION</b></p>	<ul style="list-style-type: none"> <li>•Request supports CCCVB's organizational mission. (5 POINTS)</li> <li>•Request, goals, objectives, budget, and funding sources seem realistic. (5 POINTS)</li> <li>•Funds requested meet grant criteria of allowable expenses. (5 POINTS)</li> <li>•When appropriate: request includes plan for overnight lodging industry stays. (5 POINTS)</li> <li>•Request includes method for documenting and evaluating outcome of event. (5 POINTS)</li> </ul>	<p><b>25 POINTS</b></p>	
		<p><b>TOTAL POSSIBLE POINTS: 50</b></p>	

## V. GRANT REQUEST FUNDING LEVELS

The following table reflects the level of funding possible based on the grant application's score. The final funding recommendations will be based on the Board's discretion and available funding levels. As an example, if the Board believes the event has overstated the potential impact, the Board has the right to place the application in a lower funding category.

Total Points Score	Funding Range
46 to 50	\$2,500 and Above
41 to 45	\$1,500 to \$2,500
31 to 40	\$500 to \$1,500
Less Than 30	\$ 0 - \$500

The following formula will be used to determine the final grant amounts:

1. The score will be determined for each applicant based on the maximum of 50 points as outlined previously. The chart above is the guideline for the Board to determine the award amount.
2. Also, the Board has the discretion to make increased or decreased funding adjustment recommendations to any grant application as warranted.

## VII. POST PROGRAM, PROJECT OR EVENT REPORT:

Following the program, project or event, the CCCVB reserves the right to conduct a post-audit of information presented on the Post Report. **PLEASE NOTE THAT ANY MISLEADING OR FALSE INFORMATION PRESENTED CAN AND WILL ADVERSELY AFFECT FUTURE GRANT AWARDS.**

## VIII. CONCLUSION:

Questions regarding the grant process can be answered by the CCCVB staff at 307.686.0040.

Please submit the original grant application form and certification and compliance statement to:

**Campbell County Convention & Visitors Bureau  
Attn: Grants Program  
P.O. Box 1393  
Gillette, WY 82717**

# IX. CAMPBELL COUNTY CONVENTION & VISITORS BUREAU GRANT PROGRAM APPLICATION

PLEASE PRINT CLEARLY

Date Submitted: \_\_\_\_\_

## APPLICANT INFORMATION

Organization: \_\_\_\_\_ Contact Name: \_\_\_\_\_  
(Name and Event)

Mailing Address: \_\_\_\_\_ Telephone/Office: \_\_\_\_\_  
\_\_\_\_\_ Cell Phone: \_\_\_\_\_  
\_\_\_\_\_ E-mail: \_\_\_\_\_

## PROGRAM/PROJECT OR EVENT DESCRIPTION – PLEASE ADD ADDITIONAL SHEET(S) IF NEEDED PROJECT/EVENT INFORMATION

Date(s) of Event: \_\_\_\_\_ Location: \_\_\_\_\_ Amount Requested: \$ \_\_\_\_\_

Non-Profit Organization:

Yes  No

Tax I.D. #:	
Social Security #:	
Tax Exempt – Certificate Required	

*This Information Is Required*

Do you carry event insurance?  Yes  No  
If YES, Name of Carrier: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Is this a one-time program/project/event or recurring?  Yes  No  
If recurring, how frequently: \_\_\_\_\_

Has the Campbell County CVB funded this event in the past?  
 Yes  No

If **YES**, number of times & amount received to date: # \_\_\_\_\_ \$ \_\_\_\_\_

Is the event public or private? \_\_\_\_\_Public \_\_\_\_\_Private

Has the venue/facility been secured? \_\_\_\_\_Yes \_\_\_\_\_No

If so, please list:	
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Has a hotel or campground been secured (if applicable)? \_\_\_\_\_Yes \_\_\_\_\_No

If <b>YES</b> , please list hotel(s), campgrounds, etc:

**INFORMATION FOR TOURISM DEVELOPMENT PORTION OF APPLICATION - SCORING 25 POINTS MAX**

Anticipated # of out-of-town overnight visitors: (5 points)  
 If overnight stays are not applicable to the event, the applicant will automatically receive the maximum of 5 points.

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Anticipated # of Attendees:	
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Anticipated # of Room Nights (if applicable):

Date	Room Nights (# rooms x # nights)

Room Night History of Event (if applicable):

Dates	Hotel & Contact Name	Room Nights (# rooms x # nights)



How does this event contribute to the overall appeal of Campbell County as a preferred visitor destination or contribute to a positive economic impact? (5 POINTS)

Request has the ability to generate lodging tax dollars, sales tax dollars/economic impact: (5 POINTS)

Please list target markets that program/project or event will impact and how it will be marketed? (5 POINTS)

When appropriate: request fills non-peak time periods: (5 POINTS)

**INFORMATION FOR EVALUATION PORTION OF APPLICATION - SCORING 25 POINTS MAX**

How does the program/project or event support your organization's mission and the mission of the CCCVB? (5 POINTS)

**EVENT BUDGET (5 POINTS)**

Total Projected Budget: \$ \_\_\_\_\_ Total Projected Revenue: \$ \_\_\_\_\_  
***(Please attach budget with application)***

Any income coming from:

Sponsorships: \$ \_\_\_\_\_ Other Grants: \$ \_\_\_\_\_  
Donations: \$ \_\_\_\_\_ Admission Fees: \$ \_\_\_\_\_

**If you are requesting or anticipating receiving funding for this program/project or event from other sources, please list each source and the amount requested/anticipated:**

<b>Amount Requested Or Anticipated:</b>	<b>Source:</b>	<b>Amount Received or Date to be Announced:</b>
\$ _____	_____	_____
\$ _____	_____	_____
\$ _____	_____	_____
\$ _____	_____	_____
\$ _____ Total Income/Funding Requested/Anticipated		

Describe how grant funds would be used: (5 POINTS)

Describe how you will evaluate the outcome of the program/project or special event: (5 POINTS)

When appropriate: request includes plan for overnight lodging industry stays. (5 POINTS)

Additional information/comments:

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Title: \_\_\_\_\_

\* Please note that incomplete applications will be returned. Carefully read and follow grant guidelines.

\*\* **Grant Applications will be reviewed monthly**, the third Thursday of the month at the Campbell County Lodging Tax Joint Powers Board meetings. Be sure to submit your requests no later than six (6) weeks prior to your event so they may be reviewed on a timely basis.

**X. Appendices**

**CERTIFICATION AND COMPLIANCE STATEMENT**

**APPLICANT:**

I hereby certify that the information contained in this application is true and correct to the best of my knowledge and that I have read the Policies and Procedures of the Campbell County Convention & Visitors Bureau Grants Program and will abide by all legal, financial, and reporting requirements as a condition of receiving grant funds from the CCCVB and Campbell County Lodging Tax Joint Powers Board.

Signatures must be **original** in **blue or black ink**.

\_\_\_\_\_  
Applicant Name (Please Print or Type)

\_\_\_\_\_  
Organization Name (Please Print or Type)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

**Please return the original application and the original signed certification & compliance statement to:**

**Campbell County Convention & Visitors Bureau  
ATTN: Grants Program  
P.O. Box 1393  
Gillette, WY 82717**

**Blank Page**

# CAMPBELL COUNTY CONVENTION & VISITORS BUREAU POST PROGRAM, PROJECT OR EVENT REPORT

**To be reimbursed, please submit the following:**

1. Valid invoice(s) for allowable expenses. Please submit only enough PAID receipts to reach the awarded grant amount.
2. Copy of PAID vendor invoice showing a zero-balance due. Cash receipts will not be accepted without written confirmation from the vendor that expenditure has been paid in full. For all media buys, please provide tear sheets, copies of advertisements, schedules and signed station affidavits.
3. Number of visitors calculated listed below (if applicable).
4. Number of room nights tracked listed below (if applicable).
5. Copies of marketing or advertising materials, websites showing CCCVB'S logo.

## Grant Information

Name of Event:

Date(s) of Event:

Contact/Title:

Address:

City:

State:

Zip:

Telephone #: (  )

Awarded Grant Amount: \$

Email:

Make Check Payable To:  
(Please Note –  
Organization must be the  
same as the organization  
that was awarded the  
grant.)

Tax I.D. or Social Security #:

**(This information is required)**

**EXPENSES TO BE REIMBURSED**

Itemized expenses to be reimbursed by CCCVB's grant funds must be allowable and match submitted invoices.

Expense Item	Amount

If more space is required, please use separate sheet

**Total: \$** \_\_\_\_\_

**VISITORS**

Out-of-town Participants:		Participant = (attendees, athletes, coaches, officials, visiting artists, speakers, production crews)
Visitors:		Visitor = (family + spectators) from out of town.
Event Attendees/Ticket Sales:		May include locals
<b>Total:</b>		Attendees = (participants + out-of-town visitors)

**ROOM NIGHTS**

To calculate the total number of room nights, multiply number of rooms by the number of nights (i.e.: 5 rooms for 4 nights = 20 room nights)

- Unknown or untracked is not acceptable and requests for reimbursement will not be processed.
- Please provide an explanation if actual room nights are different than what was reported as anticipated room nights on the grant application.

HOTEL PROPERTY / STREET ADDRESS	ROOM NIGHTS

Please attach any additional information such as participant sign-in sheets or rosters/lists with home-towns to support room nights reported.

**MEDIA / MARKETING**

Provide summary of media exposure received (local, regional and national print, television, online and radio) as well as examples of promotional materials (brochures, posters, programs, etc.). **Please add an additional sheet if needed.**

**COMMUNITY EVALUATION**

**Please rank the following entities and services utilized during your event, and rank from 1 to 10, 10 being high and 1 low:**

Hotel/Lodging Accommodations

Please list, and add comments as necessary:

- Hotel 1      Name \_\_\_\_\_      Ranking \_\_\_\_\_
- Hotel 2      Name \_\_\_\_\_      Ranking \_\_\_\_\_
- Hotel 3      Name \_\_\_\_\_      Ranking \_\_\_\_\_
- Hotel 4      Name \_\_\_\_\_      Ranking \_\_\_\_\_
- Hotel 5      Name \_\_\_\_\_      Ranking \_\_\_\_\_

Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*Add separate sheet if additional space is needed

- Venue      Name \_\_\_\_\_      Ranking \_\_\_\_\_
- Venue      Name \_\_\_\_\_      Ranking \_\_\_\_\_
- Venue      Name \_\_\_\_\_      Ranking \_\_\_\_\_

Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*Add separate sheet if additional space is needed

- Food and Beverage      Name \_\_\_\_\_      Ranking \_\_\_\_\_
- Food and Beverage      Name \_\_\_\_\_      Ranking \_\_\_\_\_
- Food and Beverage      Name \_\_\_\_\_      Ranking \_\_\_\_\_

Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*Add separate sheet if additional space is needed



Campbell County Convention & Visitors Bureau

Staff/Services                      Name \_\_\_\_\_                      Ranking\_\_\_\_\_

Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*Add separate sheet if additional space is needed

Any Tours and/or Attractions    Name \_\_\_\_\_                      Ranking\_\_\_\_\_

Any Tours and/or Attractions    Name \_\_\_\_\_                      Ranking\_\_\_\_\_

Any Tours and/or Attractions    Name \_\_\_\_\_                      Ranking\_\_\_\_\_

Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*Add separate sheet if additional space is needed

Other Services Used                      Name \_\_\_\_\_                      Ranking\_\_\_\_\_

Other Services Used                      Name \_\_\_\_\_                      Ranking\_\_\_\_\_

Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*Add separate sheet if additional space is needed

How likely are you to recommend the Gillette/Wright/Campbell County area to others?    Ranking\_\_\_\_\_

Please include additional comments you would like to add below:

\_\_\_\_\_  
\_\_\_\_\_

Please mark YES\_\_\_\_\_if you would like a representative from the Campbell County Convention & Visitors Bureau to contact you directly, and the contact information\_\_\_\_\_.

**I certify that the above information is true and accurate to the best of my knowledge.**

(Name)\_\_\_\_\_ (Organization)\_\_\_\_\_ (Date)\_\_\_\_\_