

Cover Page

The information on the cover page may be shared publicly.

| | |
|---|---|
| Applicant Organization Name*: (Max. Characters: 300) | |
| Celebration Name*: (Max. Characters: 300) | <i>Provide the title of your event. This title will be used in summary descriptions of your event provided to the public.</i> |
| Celebration Overview*: (Max. Characters: 300) | <i>A brief description of the proposed activity and how grant funds will be used.</i> |
| Amount Requested*: (Max. Characters: 10) | <i>The maximum grant fund request for the Spring 2024 grant cycle is \$2,500</i> |
| Event Start Date (MM/DD/YYYY)*: (Max. Characters: 10) | <i>The anticipated award date for this grant is April 16, 2024. Activities before this date will not be eligible for grant funding.</i> |
| Event End Date (MM/DD/YYYY): (Max. Characters: 10) | <i>You can leave this blank if your event happens on only one day.</i> |
| Expected Attendance*: (Max. Characters: 300) | <i>Provide an estimate of how many people will attend the event.</i> |

SAMPLE

Contact Information

Organization

| | |
|---|--|
| Applicant Organization Name*: (Max. Characters: 300) | |
| Employer Identification Number (EIN)*: (Max. Characters: 11) | |
| Organization Mission and Background*: (Max. Characters: 3000) | |
| Fiscal Sponsor*: | <i>Please indicate if the organization listed above is serving as the fiscal sponsor for another organization.</i> |

Primary Contact

If awarded funds, the individual listed here will be the primary contact for all grant related communication.

*Non profits: please list your executive director or equivalent.
Municipalities: please list your town supervisor or equivalent.*

| | |
|--|--|
| First Name*: (Max. Characters: 20) | |
| Last Name*: (Max. Characters: 30) | |
| Email Address*: (Max. Characters: 300) | |
| Phone Number*: (Max. Characters: 20) | |
| Use mailing address on file*: | <i>Please indicate if you would like to use the address on file with the Tompkins County Tourism Program for any official mailed correspondence.</i> |
| Organization Mailing Address: | <i>Please enter a physical address below (not a P.O. Box). Official mailed correspondence will be sent to this address.</i> |
| Address Line 1: (Max. Characters: 50) | |
| Address Line 2: (Max. Characters: 50) | |
| City*: (Max. Characters: 50) | |
| State*: | |

| | |
|---|--|
| Zip Code*: (Max. Characters: 300) | |
|---|--|

Additional Contact Information

Please provide contact information for the person completing this application, the project organizer and key project staff.

| | |
|--|--|
| Applicant: | Please provide information about the person completing this application |
| Applicant Name*: (Max. Characters: 300) | |
| Email Address*: (Max. Characters: 300) | |
| Phone Number: (Max. Characters: 20) | |
| Key Project Staff: (Max. Characters: 3000) | Please list the staff in your organization who will assist in the implementation of this project or event. Please list the title, name, and anticipated roles for each individual. |
| Celebration Organizer*: | Please provide contact information for the people planning this celebration. |
| Celebration Organizer Name*: (Max. Characters: 300) | |
| Email Address*: (Max. Characters: 300) | |
| Phone Number*: (Max. Characters: 20) | |
| Additional event organizers: (Max. Characters: 3000) | |

Sponsored Organization

If you are working with a municipality or non profit organization as a fiscal sponsor, please tell us about yourself. If you are not applying through a fiscal sponsor you may skip this section.

A letter confirming the proposed fiscal sponsorship relationship is required for any organization that uses a fiscal sponsor. This letter should be on the sponsor's letterhead.

| | |
|--|--|
| Sponsored Organization: (Max. Characters: 300) | |
| Name: (Max. Characters: 300) | |
| Email Address: (Max. Characters: 300) | |
| Phone Number: (Max. Characters: 20) | |
| Sponsored Organization Website: (Max. Characters: 255) | |

| | |
|--|--|
| Sponsored Organization Mailing Address: | Please provide a mailing address for the sponsored organization. |
| Address Line 1: (Max. Characters: 50) | |
| Address Line 2: (Max. Characters: 50) | |
| City: (Max. Characters: 50) | |
| State: | |
| Zip Code: (Max. Characters: 300) | |
| Sponsored Organization Mission and Background: (Max. Characters: 3000) | |

SAMPLE

Celebration Information

| | |
|--|---|
| Celebration Name*: (Max. Characters: 300) | Provide the title of your event. This title will be used in summary descriptions of your event provided to the public. |
| Detailed Celebration Description*: (Max. Characters: 3000) | Provide a brief description of your proposed celebration, including: <ul style="list-style-type: none"> - why this celebration is important - what elements of our community's culture or history will be celebrated - what will happen at this event - who you expect to attend - when and where this celebration will happen - how you will publicize your event - which local partners have agreed to help with this event <p>NOTE: You may upload an audio or video clip with a description as a substitute for a written description. Please type "audio/video attachment" if you choose this option.</p> |
| Celebration Website URL: (Max. Characters: 255) | |
| History and Lessons Learned: (Max. Characters: 1000) | <p>NOTE: If this is your first time planning this event please disregard this question.</p> <p>How long has this event been happening? When did this event start? What is the history of attendance at this event over the past three to five years? If you have organized this event before, describe key lessons that you will apply for the coming year.</p> |
| Other Benefits: (Max. Characters: 1000) | <p>What other benefits does your event provide. Examples include:</p> <p><i>Diversity and Inclusion:</i> Describe how you will create a welcoming event experience.</p> <p><i>Environmental Sustainability:</i> Describe how you will manage waste and other resources at your event.</p> |
| Location*: (Max. Characters: 300) | The venue where the event will primarily take place. |
| Municipality where event will take place*: | |
| Event Start Date (MM/DD/YYYY)*: (Max. Characters: 10) | The anticipated award date for this grant is April 16, 2024. Activities before this date will not be eligible for grant funding. |
| Event End Date (MM/DD/YYYY): (Max. Characters: 10) | You can leave this blank if your event happens on only one day. |
| Expected Attendance*: (Max. Characters: 300) | Provide an estimate of how many people will attend the event. |
| Visitor Attendance: (Max. Characters: 300) | Of the expected number of attendees, how many are estimated to live outside Tompkins County? If you are unsure you can leave this field blank. |
| Does your event require a NYS | |

| | |
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| Mass Gathering Permit?* | <p>Events that are "likely to attract 5,000 people or more and continue for 24 hours or more" are required to obtain this permit. Details on the Mass Gathering Permit are available at the NYS Department of Health.</p> <p>Events requiring this permit are not eligible for a Community Celebrations grant.</p> |
| Permits: (Max. Characters: 1000) | <p>Please describe what permits you expect you will need and if you have begun applying for these permits.</p> |
| Tompkins Festivals: | <p>The Downtown Ithaca Alliance provides free resources to anyone planning a community event in Tompkins County. Please indicate which of these services you have used.</p> |
| Participation History and Forecasting: (Max. Characters: 1000) | <p>Please indicate how you arrived at your forecast for attendance and if you have any data on attendance from past years. Please also describe your proposed method for measuring attendance at your event.</p> |

SAMPLE

Budget

Please provide detail about your celebration's budget.

You may attach a detailed budget to provide additional detail. A template excel budget table is available on the [Tourism Program website](#)

At a minimum your project budget must include the following:

- an estimate of the total project cost
- a list of all known and anticipated sources of revenue
- a list of all known and anticipated expense categories
- a clear indication of how Community Celebration grant funds will be spent

Please use US Dollars for your budget.

| <p>Estimated Total Celebration Budget: (Max. Characters: 300)</p> | <p><i>This is the total budget for your event. It includes all expenses you anticipate paying for and all in kind donations of time and materials. Please see the grant guidelines for information about calculating the value of volunteer time. If you are unsure of your total budget at this time, you may leave this field blank.</i></p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|-------------|-------------------------------|-------------|-------------------------------|-------|-----------|--|--|--|--|-----------|--|--|--|--|-----------|--|--|--|--|-----------|--|--|--|--|-----------|--|--|--|--|-----------|--|--|--|--|
| <p>Expenses*:</p> | <p>Describe the uses of funds (aka expenses) for your celebration.</p> <p><i>Please list expense categories for your celebration and group together similar types of expenses in a single category (for instance, musicians and dancers can be categorized together as performers). You can use the "notes" section to add detail. You can also provide a more detailed budget in the "Attachments" section of the application.</i></p> <p><i>Describe how the grant will be spent. Please indicate how much of the Community Celebration grant will be applied to each expense category.</i></p> <p><i>Please review the grant guidelines to understand what expenses are eligible for grant funding.</i></p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width: 15%;"></th> <th style="width: 35%;">Expense Category Name</th> <th style="width: 15%;">Amount (\$)</th> <th style="width: 15%;">Use of Celebration Grant (\$)</th> <th style="width: 20%;">Notes</th> </tr> </thead> <tbody> <tr><td>Expense 1</td><td></td><td></td><td></td><td></td></tr> <tr><td>Expense 2</td><td></td><td></td><td></td><td></td></tr> <tr><td>Expense 3</td><td></td><td></td><td></td><td></td></tr> <tr><td>Expense 4</td><td></td><td></td><td></td><td></td></tr> <tr><td>Expense 5</td><td></td><td></td><td></td><td></td></tr> <tr><td>Expense 6</td><td></td><td></td><td></td><td></td></tr> </tbody> </table> | | Expense Category Name | Amount (\$) | Use of Celebration Grant (\$) | Notes | Expense 1 | | | | | Expense 2 | | | | | Expense 3 | | | | | Expense 4 | | | | | Expense 5 | | | | | Expense 6 | | | | |
| | Expense Category Name | Amount (\$) | Use of Celebration Grant (\$) | Notes | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Expense 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Expense 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Expense 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Expense 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Expense 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Expense 6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>Revenues*:</p> | <p>Describe the sources of funds (aka revenues) for your celebration.</p> <p><i>Please list the anticipated revenues and group together similar types of revenues in a single category (for instance, sponsorships from two or more businesses may be categorized simply as sponsorships).</i></p> <p><i>Please note the Community Celebration (CC) grant is listed as the first revenue category and confirm that the value matches the amount listed above.</i></p> <p><i>Please check the grant guidelines for information about matching funds and "in kind" donations of time and materials.</i></p> <p><i>You can use the "notes" section to indicate if any revenues have been secured or when you anticipate securing these funds. You can also provide a more detailed budget in the "Attachments" section of the application.</i></p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| | Revenue Category Name | Amount (\$) | Cash or in-kind | Notes |
|--|-----------------------|-------------|-----------------|-------|
| | CC Grant | | | |
| | Revenue 1 | | | |
| | Revenue 2 | | | |
| | Revenue 3 | | | |
| | Revenue 4 | | | |
| | Revenue 5 | | | |

Impact of Less Funding:
(Max. Characters: 1000)

Describe the impact of receiving less funding than you are requesting. What elements of your event would be scaled back or eliminated?

SAMPLE

Attachments and Certification

| | |
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| Funding Purpose*: | <p>Community Celebrations grants support local events that convey the unique culture and history of Tompkins County. Their mission is to enhance quality of life for residents, improve understanding of local culture, and expand contemporary culture in ways that are informative, educational, and just plain fun.</p> <p>Current grant guidelines and resources for applicants are available on the Tompkins County Tourism Program grants webpage.</p> |
| I have read and understand the Grant Guidelines*: | |
| Does your organization have an adopted policy on diversity, equity and inclusion?* | |
| Other Tourism Program Grants: (Max. Characters: 1500) | <p><i>Please list all other Tompkins County Tourism Program grants that your organization has been awarded in the past three years.</i></p> <p><i>Please list the grant program, project title, year, and award amount for each grant.</i></p> |

Attachments

Please see the grant guidelines for detailed information about attachments. You can upload or provide links to the following documents as specified in the grant guidelines.

| Type | Name | Size | Updated |
|---------------------------------------|------|------|---------|
| Audio / Video Celebration Description | | | |
| Notes | | | |
| IRS Determination Letter | | | |
| Notes | | | |
| Fiscal sponsorship | | | |
| Notes | | | |
| | | | |

| Type | Name | Size | Updated |
|---|------|------|---------|
| Most recent grant report | | | |
| Notes | | | |
| Policy on Diversity, Equity and Inclusion | | | |
| Notes | | | |
| Additional supporting material | | | |
| Notes | | | |
| Additional supporting material | | | |
| Notes | | | |

Certification

| | |
|--|---|
| Certification: | <p>With the signature below I certify that the information contained in this application is, to the best of my knowledge, complete and accurate.</p> <p>I further certify, to the best of my knowledge, that any activity will be conducted in accordance with all applicable federal, state, and local laws and that the requested budget amounts are necessary for the implementation of this project.</p> <p>I agree that prompt written notice will be provided to Tompkins County if any element in this application changes following its submission.</p> |
| Signature*: (Max. Characters: 300) | |