



**SAMPSON COUNTY CONVENTION & VISITORS BUREAU  
CAPITAL GRANTS PROGRAM APPLICATION**

NAME OF ORGANIZATION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

PRIMARY PROJECT CONTACT: \_\_\_\_\_

EMAIL: \_\_\_\_\_

WEBSITE: \_\_\_\_\_

FEDERAL TAX-EXEMPT ID #: \_\_\_\_\_  
*(Attach copy of Federal Tax Status Documentation)*

LEGAL NOT-FOR-PROFIT STATUS: \_\_\_\_\_  
*(501(c)3 - Governmental Non-Profit - Other (Explanation required)*

ORGANIZATIONS MISSION STATEMENT:

REQUESTED GRANT AMOUNT: \_\_\_\_\_

PROJECT NAME: \_\_\_\_\_

PROJECT ADDRESS/LOCATION: \_\_\_\_\_

EXPLANATION OF PROJECT AND WHAT GRANT FUNDS WILL BE USE FOR: (25-50 WORDS)

PROJECT DESCRIPTION: (Attach up to five typed 8.5 x 11 pages using 12-point type including answers to the following:)

1. Provide complete project summary and how grant funds will be utilized.
2. Vision statement for proposed project.
3. Demonstrate the need for this project in the community/County.
4. Determine and provide what economic impact the proposed project may have on tourism for the community/County.

DAYS & TIMES WILL THE PROPOSED PROJECT BE OPEN AND ACCESSIBLE TO VISITORS:

*(Attach additional 8.5 x 11 type page as needed)*

PERCENTAGE OF PROJECT DEDICATED TO TOURISM: \_\_\_\_\_

PROPOSED PROJECT START DATE: \_\_\_\_\_

PROJECTED PROJECT COMPLETION DATE: \_\_\_\_\_

ADDITIONAL COMMENTS: \_\_\_\_\_

**CAPITAL GRANTS PROGRAM APPLICATION  
ADDITIONAL REQUIRED DOCUMENTATION**

Please provide the following required information as an attachment to each application:  
(Note: incomplete applications will not be considered)

- PROPOSED BUDGET FOR PROJECT
- COPIES OF ORGANIZATIONS CURRENT BUDGET & THE PAST TWO FISCAL YEARS
- MOST RECENT TAX AUDIT OR COPY OF IRS 990 FORM
- LIST OF CONTRIBUTIONS SECURED TO DATE  
*(SHOULD EQUAL 50% OF TOTAL PROJECT COSTS)*
- LIST OF ORGANIZATIONS BOARD MEMBERS WITH CONTACT INFORMATION
- SUPPORT LETTERS FROM GOVERNING BOARD, LOCAL MUNICIPALITY, AND/OR COMMUNITY LEADERS
- ARCHITECTURAL PLANS, DRAWINGS OR RENDERINGS

PLEASE TYPE IN 12 POINT TYPE OR PRINT CLEARLY. SUBMIT FIVE (5) COMPLETED SETS OF YOUR APPLICATION FOR THE REVIEW COMMITTEE WITH ONLY ONE SET OF DRAWINGS, IF APPLICABLE.

RETURN GRANT APPLICATIONS TO THE SAMPSON COUNTY CONVENTION & VISITORS BUREAU, 414 Warsaw Road, Clinton, NC 28328, postmarked by the appropriate deadline as stated within the CGP Guidelines. Incomplete applications will be returned for consideration in the next grant cycle. The Sampson County Convention & Visitors Bureau reserves the right to refuse any application.

I, \_\_\_\_\_ have been duly authorized to submit this application on behalf of the organization listed above and agree that I and the organizations governing board understand the terms and conditions of the grant guidelines and application process.

\_\_\_\_\_  
Signature Title Date

**DISBURSEMENT OF FUNDS:** At the completion of the project, requests for grant funds shall be submitted to the Sampson County Convention & Visitors Bureau via a cover letter with summary of expenses, invoices, and copies of checks enclosed.

## Scoring Sheet for Sampson County Capital Grant Program

Scoring Sheet for Sampson County Capital Grant Applications is directly related to the grant guidelines and these criteria will be used to assist Capital Grant Program committee in reviewing and ranking applications. (Applicant to also complete using best estimates available. Completing will aid applicant in determining potential scoring.)

Qualification	Response/Potential Points	Points Allotted
Applicant Project is 100% utilized for tourism (Check One)	<input type="checkbox"/> Yes, 10 Points <input type="checkbox"/> No, At least 50%, 5 points <input type="checkbox"/> No, less than 50%, No Points	
Number of Visitors to the County per year is greater than 1,000 and less than 2,499	<input type="checkbox"/> Yes, 5 points	
Number of Visitors to the County per year is greater than 2,500 and less than 4,999	<input type="checkbox"/> Yes, 10 Points	
Number of Visitors to the County per year is greater than 5,000	<input type="checkbox"/> Yes. 15 Points	
Days open to the Public (Check One)	<input type="checkbox"/> 7 days, 10 Points <input type="checkbox"/> 6 Days, 8 Points <input type="checkbox"/> 5 Days, 6 Points <input type="checkbox"/> 4 Days, 4 Points <input type="checkbox"/> 3 Days, 3 Points <input type="checkbox"/> 2 Days, 2 Points <input type="checkbox"/> 1 Day, No Points	
Estimated number of annual room nights generated by the visitor attraction (Check One)	<input type="checkbox"/> 1 to 50, 5 Points <input type="checkbox"/> 51 to 100, 10 Points <input type="checkbox"/> 101 to 250, 15 Points <input type="checkbox"/> 251 & Up, 25 Points	
First time applicant Second time applicant Third time applicant Applied four or more times (Check One)	<input type="checkbox"/> Yes, 5 Points <input type="checkbox"/> Yes, 3 Points <input type="checkbox"/> Yes, 2 Points <input type="checkbox"/> Yes, 1 Point	
Grant application completed per grant instructions	<input type="checkbox"/> Yes, 5 Points <input type="checkbox"/> No, No Points	
Percentage of Project Funds raised to date (Check One)	<input type="checkbox"/> 76% to 100%, 10 Points <input type="checkbox"/> 61% to 75%, 8 Points <input type="checkbox"/> 51% to 60%, 5 Points <input type="checkbox"/> 41% to 50%, 4 Points <input type="checkbox"/> 31% to 40%, 2 Points <input type="checkbox"/> Up to 30%, 1 Point	

Signature of Applicant: I, \_\_\_\_\_ have completed this scoring sheet to the best of my ability and that numbers provided are accurate as of the date submitted (Date: \_\_\_\_\_).



## SAMPSON COUNTY CONVENTION & VISITORS BUREAU CAPITAL GRANT APPLICATION CHECK LIST

Applicants please use this page to ensure that all required information and documentation is complete prior to submission of grant application. Please include this sheet with grant application.

Check all as applicable!

<u>INCLUDED</u>	<u>DESCRIPTION</u>
_____	FEDERAL TAX ID OR LEGAL NOT-FOR-PROFIT STATUS
_____	PROPOSED PROJECT BUDGET
_____	PRIOR TWO (2) YEARS' OPERATING BUDGETS
_____	MOST RECENT TAX AUDIT OR COPY OF IRS 990 FORM
_____	PROJECT SUMMARY
_____	LIST OF ORGANIZATIONS BOARD MEMBERS WITH CONTACT INFORMATION
_____	LIST OF CONTRIBUTIONS SECURED TO DATE <i>(SHOULD EQUAL 50% OF TOTAL PROJECT COSTS)</i>
_____	SUPPORT LETTERS FROM GOVERNING BOARD, LOCAL MUNICIPALITY AND/OR COMMUNITY LEADERS
_____	ARCHITECTURAL PLANS, DRAWINGS OR RENDERINGS
_____	SCORING SHEET FOR SAMPSON COUNTY CAPITAL GRANT PROGRAM
_____	APPLICATION IS COMPLETE AND SIGNED BY ORGANIZATIONAL REPRESENTATIVE