



Wayne County Tourism Development Authority & Goldsboro Tourism Council
2019 Tourism Resource Program

Program Purpose

The purpose of this program is to assist organizations in the development of tourism in Goldsboro and Wayne County and to supplement the efforts of the Wayne County Tourism Development Authority (WCTDA) and the Goldsboro Tourism Council (GTC) to increase visitation, expenditures, and overnight stays in the area.

Eligibility

To be eligible for assistance, the activity, event, or facility/business must be designed to attract new visitors from outside the local community and enhance the growth of the travel industry in Goldsboro and Wayne County. The assistance will be awarded based on the project's ability to meet established guidelines, specifically the project's ability to generate hotel/motel room nights.

Funding

This program will award two (2) \$1,000 grants to selected applicant. Projects funded under this program *must be for tourism related activities or endeavors.* Awarded funds must be used for destination marketing, advertising, and promotion of the proposed event/attraction that targets audiences outside of Goldsboro-Wayne County. All projects approved for funding must be determined by the WCTDA and GTC as an attraction or event whose main purpose is to serve and attract visitors to Goldsboro/Wayne County.

Priority will be given based on the project's ability to generate hotel/motel room nights. Secondary priority will be given to the project's ability to generate day visitation of out-of-county visitors.

Terms

Organizations may apply for assistance no later than Friday, August 23, 2019. The project, event, or activity must occur before June 30, 2020. If the applications are not received by August 23, 2019, the application may not be considered for funding in the current fiscal year. The WCTDA and GTC will consider all applications and award assistance in its discretion.

Examples of ineligible expenses: lodging/travel, salaries, postage, administrative costs, telephone charges, office supplies, publications for sale, alcoholic beverages, and the purchasing of equipment.

The awarded applicant will be expected to maintain itemized receipts and expense tracker showing a detailed breakdown of how the funding was spent. The WCTDA & GTC reserves the right to inspect, at any time, the grant recipient's expense tracker to ensure compliance with program guidelines and accuracy of financial reporting. *If any of the \$1,000 funds were not spent, the WCTDA and GTC have the right to request reimbursement of unspent balance.* The unspent balance of the awarded funding must be returned to the Visit Goldsboro office within 60 days of the time the applicant submitted expense tracker of how the funding was spent.

Approval of the grant includes the use of the “Visit Goldsboro” logo, which is encouraged to be included on printed promotional and/or supplemental materials. The Visit Goldsboro office must aptly be recognized for the grant or donation at the project site, invited to ground breakings and associated events, and mentioned in media coverage.

Within 30 days of completing the tourism related activity, the grant recipient needs to provide an *accountability report* (see attached) to the WCTDA & GTC. If not received, the recipient may not be eligible for funding in the future.

In the decision-making process, the WCTDA & GTC will consider such factors as the type and scope of the applying organization/agency, the effect and impact of proposed project on travel and tourism, the timetable in which the project will be completed, the dollar amount requested, the number of applications received, the projects ability and intent to attract visitors to Goldsboro on a continuing basis, and the overall merit of the project. A committee comprised of voting members of the WCTDA & GTC shall review all applications and recommend awards. The WCTDA & GTC shall vote and have authority in granting and disbursing funds. Applicants will be notified of their award status by September 27, 2019.



2019 Tourism Assistance Program Application

1. Organization Name: _____

2. Application completed by: _____

3. Project Director (if different from above): _____

4. Address: _____

5. City/State/Zip: _____

6. Telephone: _____ 7. Fax: _____

8. E-mail address: _____

9. Describe your organization's role to visitors in Goldsboro.

10. Project/Event Name: _____

11. Project Start/Event Date: _____ 12. Project/Event End Date: _____

13. Total Project Budget: _____

A. Amount requested from GTC/TDA: _____

B. Funds to be provided by Applicant: _____

20. Project justifications and economic benefit/impact to the visitor industry:

21. How will this project benefit your organization?

22. Anticipated visitor attendance: _____

24. Last year's visitor attendance: _____

23. Anticipated room nights: _____

25. Last year's room nights: _____

26. Any additional information that support the need for the project as an event or activity to enhance Goldsboro/Wayne County as a travel destination:

Signature: _____ Date: _____
(Project Director)

Signature: _____ Date: _____
(Authorized or Administrative Official)

**Please return application by August 23, 2019 by email or mail to:
Visit Goldsboro
Attn Amber Herring, WCTDA Secretary
308 N. William St.
Goldsboro, NC 27530
aherring@goldsboronc.gov**

Accountability Report to be completed within 30 days of the completion date listed in application



2019 Tourism Assistance Program Accountability Report

Project Name: _____

Amount Awarded: \$_____ Amount Spent: \$_____

Date Project Completed:_____

Project Description: _____

Evaluation of Overall Project: _____

Evaluation of economic impact to the visitor industry in Goldsboro:_____

Total number of individuals benefiting directly from the Project (i.e., total attendance):

Impact on the hotel/motel industry in Goldsboro/ Room nights generated by the program/event:

Host Hotel:_____

Room Nights Generated:_____ #Paid:_____ #Comp'd/Donated_____

Additional Hotels:

Room Nights Generated: _____ #Paid: _____ #Comp'd/Donated: _____

Total **PAID** Room Nights: _____

***Attach hotel documentation to this form.**

Any additional information supportive of the Project's success in achieving intended results: _____

Expenses – Please attach receipts with a detailed breakdown of the spent amount.

Total Expenses: _____ \$ _____

***Please return report within 30 days of event/activity by email or mail to:
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