



Transformational Tourism, Events, and Regional Marketing (T-TERM) Grant Program

About the Program

The Transformational Tourism, Events, and Regional Marketing Grant Program is part of the Vermont Department of Tourism and Marketing's (VDTM) strategic implementation of a federal funds award under the American Rescue Plan Act, administered through the Economic Development Administration (EDA). These funds are intended to support long-term economic recovery and sustainability of travel, tourism, and outdoor recreation in Vermont in response to the impacts of the COVID-19 pandemic on these sectors.

Program Goals

Grant funds are intended to increase the ability of regional or statewide organizations to create marketing projects that aim to attract visitors to Vermont, demonstrate the potential to transform the economic vitality of local communities, and enhance the visitor experience. Proposed activities must be targeted to out of state visitors and applicants are encouraged to look beyond traditional marketing campaigns to design proposals that will have long-term, transformational impacts. Priority will be given to project workplans that include specific information on how the project will reach historically underrepresented communities and new and diverse communities of visitors.

Key Dates:

Application Guidelines Posted: May 17, 2024

Application Deadline: June 17, 2024

Conditional Award Notifications: July 1, 2024. *All awards are contingent upon final approval from the EDA*.*

Project Duration: All project work and reporting must be completed by September 1, 2025. **Please note that no extensions will be allowed as part of this program.**

*Within ten (10) business days of conditional award, the EDA requires that all approved grantees submit:

- A current IRS Form W-9 (Request for Taxpayer Identification Number and Certification), signed within the past six months.
- A certificate of insurance consistent with the requirements set forth in Attachment C of the grant agreement.
- Confirmation of [Sam.gov](https://sam.gov) registration and provide a UEI Number
- The organization's articles of incorporation
- A signed copy of the organization's bylaws
- The organization's certificate of status (which must have been issued in the last 90 days)

Applications will not be accepted without the following completed items:

- **This application Form**
- **Work Plan and Budget** (https://outside.vermont.gov/agency/ACCD/ACCD_Web_Docs/TM/TTERM-Work-Plan-and-Budget-Template.pdf)
- **Letters of Support (minimum of one, maximum of four) from partner organizations.**

Once the Application Form has been submitted, applicants will receive an email confirmation. Applicants must reply to that email with their Work Plan and Budget, and letters of support.

We encourage all applicants to draft responses in a separate document and copy them over to the Application Form. The questions on the Application Form have been provided on our website. **Applications may NOT be saved and must be completed in one sitting.**

This application automatically closes on June 17, 2024, at the close of business. Late applications will not be accepted.

* Required

Applicant Organization

Q1: Legal Name *

The legal name of the organization must exactly match the name listed on the [SAM.gov](https://sam.gov) registration for the organization.

Q2: Doing Business As (DBA) Name *

Q3: Chief Executive Name and Title *

Q4: Chief Executive Email *

Q5: Grant Manager Name and Title *

Q6: Grant Manager Email *

Q7: Address Line 1 *

Q8: Address Line 2

Q9: City *

Q10: State *

- Alabama
- Alaska
- Arizona
- Arkansas
- California
- Colorado
- Connecticut
- Delaware
- District of Columbia
- Florida
- Georgia
- Hawaii
- Idaho
- Illinois
- Indiana
- Iowa
- Kansas
- Kentucky
- Louisiana
- Maine
- Maryland
- Massachusetts
- Michigan
- Minnesota
- Mississippi
- Missouri
- Montana
- Nebraska

- Nevada
- New Hampshire
- New Jersey
- New Mexico
- New York
- North Carolina
- North Dakota
- Ohio
- Oklahoma
- Oregon
- Pennsylvania
- Rhode Island
- South Carolina
- South Dakota
- Tennessee
- Texas
- Utah
- Vermont
- Virginia
- Washington
- West Virginia
- Wisconsin
- Wyoming
- Other

Q11: Zip Code *

Q12: Tax Classification *

- State Government
- County Government
- City or Township Government
- Special District Government
- For-Profit Organization (Other than Small Business)
- Small Business
- Nonprofit **with** 501C3 IRS Status (Other than an Institution of Higher Education)
- Nonprofit **without** 501C3 IRS Status (Other than an Institution of Higher Education)
- Public/State Controlled Institution of Higher Education
- Private Institution of Higher Education
- Independent School District
- Historically Black College or University (HBCU)
- Tribally Controlled College or University (TCCU)
- Indian/Native American Tribal Government (Federally Recognized)
- Public/Indian Housing Authority
- Hispanic-serving Institution
- Non-domestic (non-U.S.) Entity
- Alaska Native and Native Hawaiian Serving Institutions
- Other

Q13: Federal Employer Identification Number (FEIN) *

Format: ##-#####

Q14: Unique Entity Identifier (UEI) Number

If your organization is currently registered in [SAM.gov](https://sam.gov) with either an active or inactive registration, you have been assigned a UEI. Your UEI is viewable on your entity's registration record in [SAM.gov](https://sam.gov).

Project Overview & Details

Please note which category your project(s) falls into as detailed on the program page (<https://accd.vermont.gov/tourism/funding-and-incentives/transformational-tourism-events-and-regional-marketing-t-term-grants>):

Destination tourism events
High-impact marketing projects
Destination development projects

Q15: Please provide a brief project overview of your proposed goals and objectives. *

Q16: Please provide details about your proposed project(s). *

Q17: How will you measure the success of your proposed project(s)? *

Transformational Component

Q18: Please detail how this funding will be transformational to your region, event, or town. *

Q19: Give a brief description of how your organization's mission meets the goals of the T-TERM grant program and the needs of your region. *

Diversity, Equity, and Inclusion (DEI) Elements

Q20: Please detail what you will do to target new and diverse visitors to your region. *

Out of State Visitation

Q21: Please provide a detailed description of how your project will increase out of state visitation and how you will track that. *

Funding

Q22: What is your current budget? *

For Events, please indicate your total budget for the event. For Marketing or Destination Development projects, please indicate the amount of your organizations' total budget that would include this type of activity.

Q23: Has this budget fluctuated over the last five (5) years? *

Please provide some context for whether funding for this type of activity for your organization has been erratic, or steadily increasing or decreasing, etc.

Q24: What is the current funding source for this budget? *

If the budget is from a combination of sources, please estimate percentage from, for example, grant funding vs fundraising vs local taxes or fees, etc.

Q25: Please indicate the total funding that is needed for your proposed project(s).

Minimum grant request: \$50,000

Maximum grant request: \$150,000

Applicants are not required to provide any matching funds in the grant request. *

The value must be a number

Q26: Will you accept a partial grant award? *

Yes

No

Risk Assessment

Your answers to the following questions will help you determine how much support you may need to successfully complete and comply with the grant agreement.

Q27: What type of accounting system do you use? *

- Automated
- Manual
- Both Automated and Manual

Q28: Does your organization have a system for managing and tracking grant activities and demonstrates funds were spent on allowable expenditures in accordance with grant requirements? *

- Yes
- No

Q29: Is your organization receiving a grant award from the State of Vermont for the first time? *

- Yes
- No

Q30: If no, did your organization adhere to all terms and conditions of prior grant awards? *

- Yes
- No
- N/A

Q31: Does your organization have adequate and qualified staff to comply with the internal controls necessary (separation of duties, controlled access to accounting system, etc.) for proper financial management and expenditure tracking in accordance with Generally Accepted Accounting Principles (GAAP) requirements for grant management? *

- Yes
- No

Q32: Does your organization have prior experience with similar programs? *

Yes

No

Q33: Does your organization maintain policies which include procedures for assuring grant compliance? *

Policies for assuring grant compliance may include conflict of interest, procurement, fair labor, and financial, etc.

Yes

No

Q34: Does your organization have an accounting system that will allow them to completely and accurately track the receipt and disbursements of funds related to grant awards? *

Yes

No

Q35: If staff will be required to track their time associated with the award, does the organization have a system in place that will account for 100% of each employee's time? *

Yes

No

Q36: Did your organization have one or more audit findings in their last (federal) single audit regarding program non-compliance? *

Yes

No

N/A

Q37: Did your organization have one or more audit findings in their last (federal) single audit regarding significant internal control deficiency? *

Yes

No

N/A

Q38: What month does your fiscal year end? *

January

February

March

April

May

June

July

August

September

October

November

December

Attestations

An authorized signatory of the Applicant Organization must attest to the following by checking the box with each statement and completing the signature portion of this form.

Q39: Partnering with a private entity may be an apparent or potential conflict of interest that must be declared. Our organization understands that if a potential or actual conflict of interest is discovered, it must be reported to the Agency of Commerce and Community Development immediately. *

I agree

Q40: Applicant agrees to provide the following documents within 10 business days of conditional award:

- A current IRS Form W-9 (Request for Taxpayer Identification Number and Certification), signed within the past six months.
- A certificate of insurance consistent with the requirements set forth in Attachment C of the grant agreement.
- Confirmation of [Sam.gov](https://sam.gov) registration and provide a UEI Number
- The organization's articles of incorporation
- A signed copy of the organization's bylaws
- The organization's certificate of status (which must have been issued in the last 90 days)

I agree

Q41: Applicant will report on incurred expenses and/or losses, in a form and at a frequency prescribed by the State of Vermont and will cooperate with the State of Vermont in creating and retaining appropriate documentation in adherence to the grant. *

I agree

Q42: To the extent that actual expenditures or demonstrated need is less than the total award amount, Applicant agrees to return the balance of unspent funds to the State of Vermont. If the State of Vermont determines that the awarded funds were used in a manner not in compliance with the grant agreement, Applicant agrees that the State of Vermont may recover funds from Applicant by reducing future funding in State budgets. *

I agree

Q43: Applicant must repay the award or portion of the award to the Agency of Commerce and Community Development if: any funds received were issued in error; are based on incorrect representations made to the Agency of Commerce and Community Development; or any costs forming the basis of an award under this program are covered by other State and federal funds received by Applicant. I agree that the final determination of whether there has been a duplication of benefits and the amount to be repaid, if any, will be made by the Agency of Commerce and Community Development. *

I agree

Q44: Applicant shall maintain and make available to the State of Vermont upon request, all documents and financial records sufficient to establish compliance with the grant agreement. Records and supporting documentation must be maintained for a period of three years after all funds have been expended or returned to the State, whichever is later. Records to support grant compliance may include, but are not limited to, copies of the following:

(a) General ledger and subsidiary ledgers used to account for (a) the receipt of payments and (b) the disbursements from such payments to meet eligible expenses;

(b) Budget records;

(c) Payroll, time records, human resource records to support costs incurred for payroll expenses;

(d) Receipts of allowable and allocable purchases;

(e) Contracts and subcontracts entered into using grant funds and all documents related to such contracts;

(f) Grant agreements and grant subaward agreements entered into using grant funds and all documents related to such awards;

(g) All documentation of reports, audits, and other monitoring of contractors, including subcontractors, and grant recipient and subrecipients;

(h) All documentation supporting the performance outcomes of contracts, subcontracts, grant awards, and grant recipient subawards;

(i) All internal and external email/electronic communications related to use of grant funds; and

(j) All investigative files and inquiry reports involving grant funds. *

I agree

Q45: To the best of my knowledge, neither Applicant nor Applicant's principals (officers, directors, owners, or partners) are presently debarred, suspended, proposed for debarment, declared ineligible or excluded from participation in State and Federal programs, or programs supported in whole or in part by State and Federal funds. *

I agree

Q46: Applicant will submit reports as required by the State of Vermont, Agency of Administration, and/or Agency of Commerce and Community Development. *

I agree

Q47: Grantee shall provide the State perpetual, non-exclusive, free of charge, right to use, for State purposes only, work products created with the assistance of State funds under this grant agreement. *

I agree

Q48: Grantees will acknowledge support from the Vermont Department of Tourism and Marketing in all publications or other documents produced as a result of this grant. Publications or documents subject to this provision include, but are not limited to, press releases, reports, fact sheets, presentations, and websites or webpages describing projects or programs funded in whole or in part through this grant, but do not include advertising or social media promotions. *

I agree

Q49: The Agency of Commerce and Community Development may share the information on this award with other Vermont state agencies, and other Vermont agencies can share information with Agency of Commerce and Community Development for the purpose of verifying Applicant's eligibility for this or another award. *

I agree

Q50: Applicant agrees to the State of Vermont's Standard Provisions for Contracts and Grants. Read Vermont's Standard Provisions for Contracts and Grants here: <https://bgs.vermont.gov/sites/bgs/files/files/purchasing-contracting/Forms/ATTACHMENT%20C%20-%20rev%20Dec%202017%20CLEAN.pdf> *

I agree

Q51: All of Applicant's tax returns are completed and filed through the date of application filing. *

I agree

Q52: Applicant complies with local, state and federal labor laws. *

I agree

Q53: Applicant is in good standing with the Vermont Secretary of State. *

I agree

Q54: I attest, under penalty of perjury, that all information provided on this form is true and accurate. I understand that the State of Vermont will rely on this certification as a material representation in making this award. Further, I understand that intentional misrepresentation of information is fraud and may subject me or my organization to disqualification from receiving further benefits, administrative penalties, and criminal prosecution. *

I agree

Signature of Applicant

Note: Your typed first name and last name will serve as your electronic signature

Q55: First Name *

Q56: Last Name *

Q57: Title *

Q58: Email Address *

Please note that it is important to ensure the accuracy of your email so that you will receive a copy of your completed application. Applicants will reply to that email with the required documents.

Q59: Phone Number *

Format: ###-###-####

Q60: Date of Submission *



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