



APPLICATION FOR GRANT FUNDS FOR SPECIAL EVENTS, TOURISM AND CULTURALLY-RELATED ACTIVITIES (SETRAC)

1. ORGANIZATION/AGENCY:

2. ADDRESS:

3. PROJECT DIRECTOR:

DAYTIME PHONE:

4. PROJECT NAME:

5. PROJECT BEGIN DATE:

TO BE COMPLETED:

6. TOTAL PROJECT BUDGET:

(This line should match the total of items A through E in Line 16)

A. Amount of SETRAC Grant Funding Requested: \$

B. Funds to be Provided by Applicant: \$

Source of Project Funding:

_____	Amount \$:
_____	Amount \$:
_____	Amount \$:
_____	Amount \$:

7. SOURCE OF ORGANIZATION/AGENCY OPERATING FUNDS:

8. DOES YOUR ORGANIZATION/AGENCY RECEIVE ANY TAX FUNDING? YES NO

If so, how much?

Is source of Tax Funding: Local State Federal

Does organization receive funding from a Foundation(s): YES NO

If funding has been received from a Foundation(s) in this current fiscal year, please list the foundation(s) and the amount received (Attach an additional sheet if necessary)

9. IS YOUR ORGANIZATION/AGENCY FOR PROFIT NON-PROFIT

10. WHAT IS YOUR ORGANIZATION/AGENCY ANNUAL BUDGET?

11. NARRATIVE DESCRIPTION OF PROJECT (Include needs assessment/purpose of project, outline of project procedure, intended results of project.)

12. PROJECT JUSTIFICATION AND ECONOMIC BENEFIT/IMPACT TO THE VISITOR INDUSTRY:

13. ANTICIPATED VISITOR ATTENDANCE:

14. ANTICIPATED IMPACT ON HOTEL/MOTEL OCCUPANCY:

15. ANY ADDITIONAL COMMENTS THAT SUPPORT THE NEED FOR PROJECT AND/OR PROJECTS MERIT AS AN EVENT OR ACTIVITY DESIGNED TO ENHANCE KINSTON-LENOIR COUNTY AS A TRAVEL DESTINATION:

16. TOTAL PROJECT BUDGET – Indicate where SETRAC funds would be used. (Attach sheet if needed.)

A. SPECIAL EVENTS/PROJECTS (Be specific in expense breakdown)

_____	\$
_____	\$
_____	\$
_____	\$

B. MARKETING PROMOTIONS (If paid media, specify name/type of media publication and date of airing/appearance; if audio visual, specify slides, film, video, etc; for all other, be specific in expense breakdown. Marketing must reach outside of Lenoir County in at least a 50 mile radius. (Attach sheet if needed.)

_____	\$
_____	\$
_____	\$
_____	\$

C. COLLATERAL MATERIAL (Specify type and number printed, include breakdown of design, layout and printing cost.)

_____	\$
_____	\$
_____	\$
_____	\$

D. CAPITAL IMPROVEMENTS

_____	\$
_____	\$
_____	\$
_____	\$

E. OTHER (Be specific.)

_____	\$
_____	\$
_____	\$
_____	\$

TOTAL PROJECT BUDGET (This line should match Line 6.) \$ _____

Name and address as it should appear on Check:

SETRAC Application

SIGNATURE (Project Director)

DATE

SIGNATURE (Authorized Administrative Official)

DATE

RETURN APPLICATION TO:

Visit Kinston
Kinston-Lenoir County Tourism Development Authority
Attn: SETRAC Grants Administrator
301 N. Queen St.
Kinston, North Carolina 28502
Phone: 252-523-2500

APPLICATIONS WILL NOT BE ACCEPTED AFTER THE DEADLINE HAS EXPIRED.

ALL APPLICANTS WILL BE NOTIFIED BY LETTER.

**IF YOU HAVE ANY QUESTIONS OR NEED ASSISTANCE IN FILLING OUT THIS APPLICATION,
PLEASE FEEL FREE TO CONTACT JAN PARSON @ 252-523-2500 OR 252-560-2693**