Buncombe County Tourism Development Authority
Tourism Product Development Fund
2014 Grants Cycle - Phase I Application

APPLICATION SUBMISSION INSTRUCTIONS

1. Please provide complete information in response to each question. Do NOT skip questions - a response is REQUIRED for each question. If you are unable to answer a question or if a question is not applicable to your project, please briefly describe why it cannot be answered or enter "N/A."

2. Please type your answers in the fields provided; handwritten applications will not be accepted. Limit the length of your answers to the space provided. Answers that do not display in the field may not be reviewed.

3. Attachments and any other supplemental documentation will not be accepted in Phase I.

4. Submit your application to Pat Kappes via email at pkappes@ExploreAsheville.com or in person at 36 Montford Avenue, Asheville, NC 28801.

5. Applications must be received **no later than Wednesday, June 4, 2014 at 5 p.m. EST.**

ORGANIZATION INFORMATION

Name of Project:

Organization: **Tax Status:**

Address:

City: **State:**   **Zip:**   **Phone:**

Physical Address of the Project (if different):

City: **State:**   **Zip:**

PRIMARY CONTACT

Name of Applicant: **Email:**

Address:

City: **State:**   **Zip:**   **Phone:**

PROJECT INFORMATION

1. Amount of funding requested:

2. Type of funding request: Loan Guarantee   Grant   Debt Service

3. Is your project an expansion of or improvement to an existing facility?   Yes   No

PROJECT INFORMATION, continued - Page 2

4. Briefly describe your project.

5. What is the total budget of your proposed project?

6. What is the total construction budget?

7. Will you secure at least the same amount of funding you are applying for?   Yes   No

8. If you receive TPDF funding, will it be the first funding committed to your project?   Yes   No

9. List the current mix of funding for your project. Include source, amount and status.

Source:	Amount:	In-hand	Secured	Pending

10. Have you received TPDF funding in the past for this specific project?   Yes   No

If yes, what was the project?   Year: _____   Amount: _____

Please explain why you are applying for funding again.

11. What is the number of days that a typical guest will patronize your project during one visit to Buncombe County?

12. What is the estimated number of guests at your project for each of the first three years of operation?

Year 1: _____   Year 2: _____   Year 3: _____

13. What are your submitted figures based upon? (Example: existing customer data, ticket sales, research, etc.)

14. What is the estimated percentage of guests at this project who will stay overnight in Buncombe County in paid lodging?

PROJECT INFORMATION, continued - Page 4

15. Is your project located on a single hotel property or would it benefit a single hotel?   Yes   No

16. If applicable, how many guests does your current operation serve annually?

How was this number determined?

17. Please describe your current or projected audience.

18. What is the projected break ground date?

19. What is the projected completion date?

20. When is the projected opening date?

21. Please add other project milestones, if applicable. (Date, Milestone Description)

Please note: By typing your name in the Signature field below, you are signing this Application electronically.

Name:

Signature (electronic):

Date: