### **Buncombe County Tourism Development Authority**

# Tourism Product Development Fund 2017 Grant 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 will not be reviewed.
- 3. Attachments and any other supplemental documentation will not be accepted in Phase I.
- 4. Submit your application as a PDF to Pat Kappes via email at pkappes@ExploreAsheville.com or on a zip drive in person at 36 Montford Avenue, Asheville, NC 28801.
- 5. Applications must be received no later than Wednesday, May 31, 2017 at 5 p.m. EST.

#### ORGANIZATION INFORMATION Name of Project: Organization: Tax Status: Address: State: Zip: Phone: City: Physical Address of the Project (if different): State: City: Zip: PRIMARY CONTACT Name of Applicant: Email: Address: City: State: Zip: Phone: PROJECT INFORMATION

**Loan Guarantee** 

3. Is your project an expansion of or improvement to an existing facility?

1. Amount of funding requested:

2. Type of funding request:

Grant

**Debt Service** 

No

Yes

#### PROJECT INFORMATION, continued - Page 2

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	I	No			

## PROJECT INFORMATION, continued - Page 3

9. List the current mix of fu	nding for your p	project. Include	source, ar	nount and sta	itus.	
Source:		Amount:		In-hand	Secured	Pending
10. Have you received TPDF	funding in the	past for this s	pecific proj	ect? Yes	s No	
If yes, what was the project	?			Year:	Amo	unt:
Please explain why you are	applying for fu	nding again.				
11. What is the number of da	ays that a typica	al guest will pat	ronize you	r project durir	ng one visit to	Buncombe
County?						
12. What is the estimated no	umber of guests	s at your projec	ct for each	of the first thi	ree years of op	eration?
Year 1:	Year 2:		Year 3:			
13. What are your submitted	d figures based	upon? (Examp	le: existinç	g customer da	ata, ticket sales	s, research, etc.)
14. What is the estimated po	ercentage of gu	ests at this pro	ject who w	vill stay overn	ight in Buncor	nbe County in
paid lodging?						

## PROJECT INFORMATION, continued - Page 4

15. Is your project located on a single hotel property or would it benef	it 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.							
Nam	e:						
Signature (electronic	<b>;)</b> :						
Dat	e:						