



TDC PARTNER CO-OP MARKETING PROGRAM RULES AND REGULATIONS

- Applicants must fill out the “TDC Partner Co-Op Marketing Program Application” and submit to Lake County EDT at least **30 DAYS PRIOR** to tactic(s) execution, unless approved by the department director.
- Applications must include a detailed description of the specific tactic(s) being utilized and should include all visuals/artwork/sound-bites, etc. associated with the tactic(s).
- Lake County Economic Growth Department (EGD) will review all submitted grant applications to determine eligibility and Lake County’s financial participation in the project. *Decisions will be made on a project-by-project basis and are at the sole discretion of Lake County EGD*
- There are no guarantees that applicants will be awarded funding. Even though a tactic(s) may qualify, limited funds may not allow that project to receive assistance.
- If awarded funds, the applicant agrees to the following:

Program Overview and Purpose

- A marketing and advertising support program managed by Lake County EGD that will enable Lake County tourism businesses and organizations to leverage Tourist Development Tax (TDT) funds via the cost sharing of expenses associated with independently developed marketing tactic(s).

Eligibility

- BUSINESS TYPE: Any for-profit or not-for-profit organization engaged in the attraction of visitors to Lake County.
- PROJECT TYPE: Any marketing and/or advertising tactic(s) that is utilized to promote out-of-county visitation to Lake County. *Tactic(s) executed prior to application submittal are not eligible for grant funding.*
- Eligible marketing and advertising tactics may include:
 - ❖ Print Media
 - ❖ Billboards
 - ❖ Television
 - ❖ Digital marketing (excluding website development and Search Engine Marketing)
 - ❖ Expo, conference or tradeshow booth rental or registration
 - ❖ Print collateral/Direct Mail (with approved distribution strategy)
 - ❖ Familiarization (FAM) Tours (lodging and transportation only)
 - ❖ Campaigns including multiple tactics lasting less than 6 months

Creative costs associated with the design of a tactic(s) are **not** eligible for grant funding.

Application Process

- Grant applications will be reviewed according to the following criteria:
 - ❖ Consistency with Lake County Tourism Marketing Plan
 - ❖ Target Audience
 - ❖ Potential for visitation and/or room night conversions
 - ❖ Execution strategy
 - ❖ Quality/Scope/Scale of tactic(s)
- *Decisions regarding the awarding of funds are at the sole discretion of Lake County EDT.*

Grant Parameters

- Maximum Award per Grant: \$10,000.00
- Maximum Award per Organization per Fiscal Year: \$50,000.00
- Maximum County Financial Participation: 50% of total project cost

Grant Reimbursement Procedures

- If awarded a grant, applicants will have 6-months from the date of award announcement to execute the tactic(s).
- To receive grant funding applicants must submit proof of execution and payment. Lake County EGD will then reimburse the applicant based on the parameters of the project specific grant award.
- Campaigns including multiple tactics will be reimbursed as each tactic is completed. No reimbursements will be made prior to tactic execution.
 - All reimbursement documentation must be submitted to Lake County EDT within ninety (90) days after the tactic has been executed. If supporting documentation is not received within ninety (90) days, co-op funding may be denied.
- Scanned or facsimile signatures on this Agreement shall be acceptable.

Compliance with Florida Law: If, when, and to the extent during its activities under this Agreement, a court determines that the applicant is a “contractor” for purposes of Section 119.0701, Florida Statutes, the applicant shall comply with all of the Florida Public Records’ law. Failure to comply with this section shall be deemed a breach of this Agreement and enforceable as set forth in Section 119.0701, Florida Statutes.

PLEASE BE SURE ALL PERTINENT INFORMATION IS INCLUDED IN THE SUBMITTED APPLICATION, INCLUDING THE ABOVE “RULES AND REGULATIONS” PAGES. ANY INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED



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GRANT AMOUNT REQUESTED: _____

Please select the type of advertising/marketing tactic that you are seeking grant funding assistance for (only one tactic/campaign per application):

- ☐ Print Media
- ☐ Television
- ☐ Radio
- ☐ Digital Marketing
- ☐ Expo/Conference/Tradeshow (rental or registration only)
- ☐ Print Collateral/Direct Mail
- ☐ Familiarization (FAM) Tours
- ☐ Other: _____
- ☐ Campaign (Please list all tactics included): _____

A. Project Details

1. Project Description (campaign, message, goals, objectives, etc.) _____

2. How will TDC grant funding be utilized to improve this tactic or campaign (i.e. more runs, larger ad, better publication, expanded reach, etc.)_____

3. Please fill in the following charts for each tactic utilized:

	Tactic #1
<i>Media Outlet</i>	
<i>Execution Date(s)</i>	
<i>Expected # of Impressions</i>	
<i>Geographic Coverage</i>	
<i>Target Audience</i>	
<i>Total Cost of Project</i>	
<i>Creative</i>	
<i>Placement</i>	

	Tactic #2 (if campaign)
<i>Media Outlet</i>	
<i>Execution Date(s)</i>	
<i>Expected # of Impressions</i>	
<i>Geographic Coverage</i>	
<i>Target Audience</i>	
<i>Total Cost of Project</i>	
<i>Creative</i>	
<i>Placement</i>	

	Tactic #3 (if campaign)
<i>Media Outlet</i>	
<i>Execution Date(s)</i>	
<i>Expected # of Impressions</i>	
<i>Geographic Coverage</i>	
<i>Target Audience</i>	
<i>Total Cost of Project</i>	
<i>Creative</i>	
<i>Placement</i>	

	Tactic #4 (if campaign)
<i>Media Outlet</i>	
<i>Execution Date(s)</i>	
<i>Expected # of Impressions</i>	
<i>Geographic Coverage</i>	
<i>Target Audience</i>	
<i>Total Cost of Project</i>	
<i>Creative</i>	
<i>Placement</i>	

	Tactic #5 (if campaign)
<i>Media Outlet</i>	
<i>Execution Date(s)</i>	
<i>Expected # of Impressions</i>	
<i>Geographic Coverage</i>	
<i>Target Audience</i>	
<i>Total Cost of Project</i>	
<i>Creative</i>	
<i>Placement</i>	

4. Please Submit the Following Additional Project Information:

- *Artwork/Design/Mock-ups/Sound bites/Video to be used in the project*
- *Information related to the selected media outlet and the marketing tactic being employed (media kit, rate schedule, brochures, registration information, etc.)*

B. Submitting Organization Information

1. *Name of Submitting Organization*_____
2. *Purpose and Mission of Submitting Organization*_____

3. *How long has the organization been operating in Lake County?*_____
4. *Tax Status of Submitting Organization*_____
5. *FEID Number*_____ **(Please submit your W-9 with Application)**
6. *Contact Person and Title*_____
*Address:*_____
*Phone(s):*_____ *Fax:* _____
Email: _____ *Website:* _____

C. Signature

By signing below, I acknowledge that I have read the attached Rules and Regulations. I also confirm that this application has been completed with information that is accurate to the best of my ability. I understand that this application and future grant applications could be reduced or denied based on the accuracy of the information provided. Once countersigned by the County, this becomes a binding agreement with a term lasting no later than ninety (90) days from the conclusion of the run of the marketing campaign, unless approved by the department director. All deliverables required hereunder shall be delivered to the County within this post-Event time frame. I acknowledge and understand that the contract amount shall not exceed the amount approved by the County as stated below under the Funding Determination box. If the Event does not occur as described herein, I understand and agree that the County shall have the right to refuse payment hereunder, or to reduce the payment accordingly as determined by the County. I agree that the County shall have all rights to enforce this contract as provided for by law.

Signature* (Please sign in **BLUE** ink)

Date

Name and Title

Applicant's Organization

** Please note that organization President as listed in the Division of Corporations is the only person permitted to sign the application*

Funding Determination (to be filled out by AEP staff)

☐ *Request Approved.*

○ *% of Total Cost:* _____

○ *Grant Funding Amount:* _____

☐ *Request Not Approved.*

Comments:

By:

Department Director/Designee

Date

AND/OR

Executive Director

Date

