



2020-2021 TOURISM CRISIS MARKETING GRANT APPLICATION FOR FINANCIAL ADVANCE

Organizations experiencing financial hardship may apply for an advance payment for the program. All funds received must be used in accordance with the guidelines or will be subject to repayment by the Grantee. Request is subject to approval.

Organization Name:

Mailing Address:

If requesting a financial advance, complete and submit this form to your regional Partner Relations representative via email or USPS post-marked no later than February 15, 2021.

City:

State:

Zip:

Contact:

Title:

E-mail:

Phone:

Eligible period for marketing expenses: July 1, 2020 through April 30, 2021

The primary mission of the organization is to market to attract tourism for the:

City

Region

County

Other:

Please describe how the COVID-19 pandemic has impacted the tourism industry in the area indicated above:

The primary source of the organization's marketing budget revenue is:

Lodging Tax

Events & Fundraisers

Other:

Memberships

City/Municipality Funding

The organization's marketing budget has decreased:

0 to 25%

51 to 75%

26 to 50%

76 to 100%

Please describe the organization's financial hardship, specifically related to the ability to continue tourism marketing. Include why the advancement of funds are necessary:

GRANTEE CERTIFICATION:

By signing below, I certify that my organization has implemented controls to ensure that financial advances are only used to meet the requirements of the 2020-2021 Tourism Crisis Marketing Grant program guidelines.

I further understand that upon reconciliation of my organization's grant program, should any expenses undertaken prove to be ineligible per the guidelines, my organization will be responsible to pay back the difference between the financial advance received and our program's eligible expenses. The information provided is an accurate description of the entity's hardship. Without the use of a financial advance, my organization would experience financial hardship and may not be able to meet the specific requirements described in grant guidelines.

Grantee Signature:

Date:

FOR OFFICE USE:

Explore Minnesota Partner Relations Approval:

Date:

Agency Senior Management Approval:

Date: