



## 2025 TOURISM RECOVERY GRANT PROGRAM APPLICATION FOR FUNDING

**Applications will be accepted beginning July 10, 2024, at 9 a.m. Central Time.** Completed applications must be submitted to: EMTgrant@state.mn.us and will be accepted through December 6, 2024, or until all funds have been awarded. Incomplete applications will be rejected and returned to applicant. Incomplete applications will lose queue priority but may be resubmitted if program funding is available. The 2025 Tourism Recovery Grant Guidelines can be found on the [industry website](#).

### Contact Information

Organization Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Contact \_\_\_\_\_ Title \_\_\_\_\_

E-mail \_\_\_\_\_ Phone \_\_\_\_\_

Organization Website \_\_\_\_\_

*(Web address where the linked Explore Minnesota logo will be placed.)*

Minnesota Vendor/Supplier ID \_\_\_\_\_

If you do not know your state-issued vendor/supplier ID, contact Vendor Resources before submitting your application.

Our organization is set up to receive funds from the State of Minnesota via direct deposit.

Vendor Resources	Website or email address	Phone
<a href="https://mn.gov/mmb/accounting/swift/vendor-resources/">mn.gov/mmb/accounting/swift/vendor-resources/</a>		
Electronic Funds Helpline	<a href="mailto:efthelpline.mmb@state.mn.us">efthelpline.mmb@state.mn.us</a>	651-201-8106
Vendor Assistance	<a href="mailto:vendor.mmbfax@state.mn.us">vendor.mmbfax@state.mn.us</a>	651-201-8100

### Eligible Organizations

Select your organization:

- A DMO such as a convention & visitor's bureau (CVB), a chamber of commerce or resort association.
- Statewide association, whose primary purpose is to market their niche for tourism purposes.
- Collaborative initiative consisting of three (3) or more primary tourism organizations.

Organizations participating in the collaborative initiative:

### Grant Funding Limits

Organizations are not required to request the maximum award provided below. Award maximums are based on the organizational budget. More information on award levels can be found in the [\*\*2025 Tourism Recovery Grant Program Guidelines\*\*](#).

Check One:

Award Categories (based on Organization Budget)	Maximum Award Amount
<input type="checkbox"/> \$99,999 or less	Up to \$4,000
<input type="checkbox"/> \$100,000 to \$499,999	Up to \$8,000
<input type="checkbox"/> \$500,000 to \$999,999	Up to \$10,000
<input type="checkbox"/> \$1,000,000 to \$4,999,999	Up to \$12,000
<input type="checkbox"/> \$5,000,000 and over	Up to \$20,000

### Funds Requested

= total grant award amount being requested.

**Certification**

I, \_\_\_\_\_ (person completing application), am authorized to request 2025 Tourism Recovery Grant Program funding on behalf of \_\_\_\_\_ (organization name).

By checking all boxes and signing below, I certify:

- The organization I represent is an eligible entity under the **2025 Tourism Recovery Grant Program**.
- By accepting this grant award, I am obligating State funding which cannot be used for any other purpose.
- The organization above accepts all responsibilities as outlined in the **2025 Tourism Recovery Grant Program Guidelines** and are not contingent upon by continued employment with the organization.
- A progress report with the status of grant funding expenditures, project planning and a reconciliation status will be submitted **on or before March 14, 2025**.
- State grant funds will be utilized in accordance with the **2025 Tourism Recovery Grant Program Guidelines** with all grant projects completed on or **before June 30, 2025**.
- Reconciliation material will be completed and submitted for reimbursement on or before **August 15, 2025**.
- The Project Summary Worksheet and Project Budget Worksheet have been completed for this grant funding request.

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(A typed or script font cannot be used in place of a wet or uploaded image signature.)

**Explore Minnesota OFFICE USE ONLY**

Industry Relations: \_\_\_\_\_ Date: \_\_\_\_\_

Senior Manager: \_\_\_\_\_ Date: \_\_\_\_\_

Supplier Contract #: \_\_\_\_\_ PO #: \_\_\_\_\_

**Project Summary Worksheet**

Please provide a brief description of the project(s) you intend to use grant funding toward:

Project Start Date \_\_\_\_\_ Project End Date \_\_\_\_\_

*(Indicate approximate placement, run, or event date as to when the project will begin.)*      *(Indicate approximate completion date.)*

Describe the project’s target audience, geographical markets and demographics:

How will this grant support tourism in your community and how will you measure success?

### Project Budget Worksheet

Please estimate your organization's anticipated expenses as they relate to the project(s) outlined on the Project Summary Worksheet (page 3). Eligible tactics are also referenced in the **2025 Tourism Recovery Grant Program Guidelines**.

Estimated Budget Expense:	
	Consumer, Travel Trade, Meetings, and Conventions & Sports Advertising
	Trade Shows
	Website Development & Enhancement
	Social Media Management
	Fulfillment Pieces (such as visitor guides, maps, and brochures)
	Media Production (including photo and video assets)
	Direct Mail
	Public Relations Services
	Diversity, Equity, Accessibility, and Inclusion Marketing & Programming
	Public Events Marketing
	Research & Data
	<b>Total of anticipated expenses</b>