



Tourism Funding Request Application

Funding Purpose & Overview

Tourism provides a direct economic benefit to the County of Rockland. When the target audience is expanded beyond Rockland residents, the increase in visitor spending contributes to an economic upswing.

The **Rockland County Tourism Grant Program** assists eligible Rockland-based Nonprofits and For Profit/Nonprofit partners to promote local events and attractions outside of the County. Projects should highlight and emphasize what Rockland has to offer. Promotional projects should celebrate the County in the areas of including but not limited to cultural, arts, historical, nature-based attractions, etc.

The program strongly encourages collaboration with other organizations to requests to maximize the promotional impacts. Demonstrating collaborative efforts will be favorably considered. For-profit companies must partner with a Nonprofit to be eligible for this opportunity.

Submission Information

- **Opening Date:** October 21, 2024
- **Closing Date:** December 2, 2024

Applications will NOT be accepted after the closing date.

Submission Requirements

- All funding request application forms **MUST** be submitted **via the link below:**
<https://form.jotform.com/242885544006055>
- Applications submitted by U.S. Mail, Priority/Overnight Mail or Hand-Delivery will NOT be accepted.
- Applicants that fail to provide sufficient information will not be considered for this funding opportunity.

Eligibility Information

- **Collaboration is highly encouraged. Applications that leverage collaborative opportunities will be given priority.**
- Rockland County based Nonprofit Organizations with 501(c)(3) or 501(c)(19) status (excludes institutions of higher education and healthcare facilities).
- For Profit Organizations may apply, however they are required to partner with an eligible Nonprofit Organization.



Award Information

Floor: \$5,000

Ceiling: \$30,000

- Reimbursement grants, ranging from \$5,000 up to \$30,000, will be awarded to Nonprofit Organizations or For Profit/Nonprofit partners to promote local events and attractions outside the County of Rockland.
- Organizations are required submit a budget detailing how funds will be used.
- As a reimbursement grant, awarded funds will be distributed **AFTER** expenses have been incurred. To receive reimbursement for approved, eligible expenses, you must provide **BOTH** of the following for each expense:
 1. An itemized and dated receipt or invoice

-AND-

 2. Valid proof of payment (e.g. credit card statement, bank statement, copy of negotiated check, etc.)

Program Guidelines

- All funds must be billed by November 14, 2025. Any funds that are not obligated by invoice or expended will be forfeited.
- In the event your program takes place after November 14, 2025, you must obtain prior approval from the Director of Economic Development and Tourism by October 14, 2025, in order to proceed.
- Applicants **MUST** use the Rockland County Tourism logo on all promotional materials (i.e., print, digital, etc.) and social media.
- All materials must be submitted for approval **PRIOR** to use.

The Rockland County Tourism Logo can be downloaded here:

<http://rocklandgov.com/media-resources/>

- All projects must be accessible to the public.
- ADA accessible preferred.



Organization Information

Please provide the outlined Organization information. If you are collaborating with another organization, please complete the **Collaboration Information** section with the information of the partnering Organization(s).

Organization Type:

Nonprofit

For Profit*

Please note: For Profit applicants **MUST complete the **Collaboration Information** section. If this section is not complete, the application will be deemed ineligible.*

Organization Legal Name:

Organization TIN (EIN, SSN):

Organization Address:

Organization Email Address:

Organization Website:

Organization Social Media Profile(s):

Years in Operation:

Select Type of Nonprofit Services Provided (Select all that apply):

Arts

Fashion

Social Programs

Culture

Health

Youth Initiative

Environmental

Historical

Other*

If Other, please describe: _____

Which town will be directly impacted by the project?

Town of Clarkstown

Town of Orangetown

Town of Stony Point

Town of Haverstraw

Town of Ramapo



Contact Information

Please provide the primary contact information for this application. If you are collaborating with another organization, please note in the **Collaboration Information** section if you would like to include the organization on correspondence relating to the **Tourism Grant** opportunity.

Primary Contact Name:

Primary Contact Title:

Primary Contact Phone Number:

Primary Contact Email Address:

Is the primary contact able to sign contracts on behalf of the organization?

Yes

No

If No, please provide the Name, Title, and Email address of the contract signatory:

DO NOT SUBMIT



Promotion Initiative Details

Please complete the section below to provide information about the promotion initiative. Use as much detail as possible to provide a clear understanding of your vision and goals.

Initiative Name:

Requested Amount:

Organizational Background:

Please provide the Organization's Mission Statement and how it is achieved:

Statement of Need:

Please indicate if there will be a Collaboration for this initiative:

Yes

No

If yes, what is the nature of the collaboration? Please name the partnering organization(s).



Promotion Initiative Details Continued

Provide the details and specifications of the initiative:

Promotion plan:

Projected outcomes:

Description of target audience:

DO NOT SUBMIT



Collaboration Information

As previously noted, collaboration is required for, For Profit Organizations and encouraged for Nonprofit Organizations. Please complete the section below to provide the information of all collaborative partnership(s). We have provided space for up to three organizations, this does not entail that you are limited to three partnerships, please include a separate attachment with the information outlined below if needed.

Organization Type:

Nonprofit

For Profit

Organization Legal Name:

Organization TIN (EIN, SSN):

Organization Address:

Organization Email Address:

Organization Website:

Organization Social Media Profile(s):

Years in Operation:

Organization Contact Name, Email Address, and Phone Number:

Select Type of Nonprofit Services Provided (Select all that apply):

Arts

Fashion

Social Programs

Culture

Health

Youth Initiative

Environmental

Historical

Other*

If Other, please describe: _____

Organization's Mission Statement:



Collaboration Information Continued

Organization Type:

Nonprofit

For Profit

Organization Legal Name:

Organization TIN (EIN, SSN):

Organization Address:

Organization Email Address:

Organization Website:

Organization Social Media Profile(s):

Years in Operation:

Organization Contact Name, Email Address, and Phone Number:

Select Type of Nonprofit Services Provided (Select all that apply):

Arts

Fashion

Social Programs

Culture

Health

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Other*

If Other, please describe: _____

Organization's Mission Statement:



Collaboration Information Continued

Organization Type:

Nonprofit

For Profit

Organization Legal Name:

Organization TIN (EIN, SSN):

Organization Address:

Organization Email Address:

Organization Website:

Organization Social Media Profile(s):

Organization Contact Name, Email Address, and Phone Number:

Select Type of Nonprofit Services Provided (Select all that apply):

Arts

Fashion

Social Programs

Culture

Health

Youth Initiative

Environmental

Historical

Other*

If Other, please describe: _____

Organization's Mission Statement:



Previous Funding Details

Did your organization receive an award from the *Rockland County Tourism Grant Program* in 2024?

Yes No

If yes, please indicate the amount awarded: _____

Did your organization receive an award from the *Rockland County Tourism Grant Program* in 2023?

Yes No

If yes, please indicate the amount awarded: _____

Did your organization receive an award from the *Rockland County Tourism Grant Program* in 2022?

Yes No

If yes, please indicate the amount awarded: _____

If you received an award in 2024, please provide the following information. Failure to provide this information will deem your application as ineligible.

Description of the use of funds:

Results of the event/program:

Total Number of Attendees:

% of Total Number of Attendees from Outside the County of Rockland:

Did you collaborate with other organizations?

Yes No

If yes, please name the partnering organization(s):



Budget

Please provide a detailed budget breakdown of how funds (if awarded) would be expended. For your review and reference, we have provided definitions to clarify the types of eligible marketing. If you need additional space for your budget, please note the budget line and attach a separate document.

Budget Details				
Marketing Type	Description of Use	Cost	Target Location(s)	Comments
Digital/Video				
Social Media				
Radio/Podcasts				
Television/Streaming				
Print/Banner				
Promotional Items				
Operational				
Other				



Budget Definitions

Definitions:

- **Digital/Video:** The creation or enhancement of digital or video content for use of promotion.
- **Social Media:** The use of social media platforms to promote events.
- **Radio/Podcasts:** Any promotional advertisement that is advertised via radio broadcast or podcast streaming.
- **Television/Streaming:** Any promotional advertisement that is played before, during, or after Television streaming content.
- **Print/Banner:** Traditional, tangible, printed advertisements such as brochures, flyers, postcards, calendars, catalogs, magazines, newspapers, and custom signs.
- **Promotional Items:** Give away items to handout at projected event(s), trade shows, and campus visits to promote events and Tourism.
- **Operational:** Paid assistance in the development and monitoring of implemented marketing strategies.
- **Other:** Please describe. This line will be subject to review and approval of the Director of Economic Development and Tourism.



Reporting Requirements

Awardees are required to submit Quarterly Reports and a Final Report to the Department of Economic Development and Tourism. Quarterly Report and Final Report template will be provided by the Department of Economic Development and Tourism via email to the applicant.

The report will include:

- Status updates on the promotion initiative.
- Proofs or design drafts.
- Any available statistical data on how the promotion has assisted the Organizations tourism efforts.
- How the funding has helped improve the organization's operations.

Failure to comply with the outlined reporting requirements will result in forfeiture of the funds from this grant.

I acknowledge the reporting requirements. I understand failure to provide the final report will result in a forfeiture of funds.

Full Name:

Title:

Signature:

Organization:

Date:



County of Rockland – Department of Economic Development and Tourism

Conflict of Interest Disclosure

***DISCLOSURE, ACKNOWLEDGMENT AND AFFIRMATION OF NO CONFLICTING INTEREST OR ACTIVITY,
WHICH WOULD CONSTITUTE A PERSONAL GAIN OR A CONFLICT OF INTEREST***

Your designation as a Department of Economic Development and Tourism Beneficiary, requires that you fully understand the policies regarding potential conflicts of interest and all that is contained therein.

Conflict of Interest and Ethical Considerations.

A conflict of interest or the appearance of a conflict of interest may occur if you are directly or indirectly involved with an organization that you have submitted an application to for evaluation. Prior to entering into any contracts for award, you must inform the Department of Economic Development and Tourism of any potential conflicts of interest or the appearance thereof. If you become aware of any potential conflict of interest, you must immediately notify the Department of Economic Development and Tourism. You may be disqualified as a beneficiary grantee if you conduct yourself in a way that could create the appearance of bias or unfair advantage, whether through direct associations, indirect associations, through recreational activities or otherwise.

With full knowledge and awareness, I affirm that I do not have, I have not engaged in, and I will not engage in any activity that would provide a personal or pecuniary gain to myself, my spouse, or my dependent(s) from the award in which I am about to receive, from the Department of Economic Development and Tourism, County of Rockland.

The purpose of this document is to assist in the determination of whether additional restrictions, oversight, or other conditions might be advisable prior to execution of any contract, finding or providing assistance. The term "*Conflict of Interest*" refers to situations in which financial or other personal considerations may compromise or have the appearance of compromising professional judgment in following the rules and regulation of the program.

If approved, a ***Conflict of Interest*** form will be provided and signature is required prior to establishing a contract with the County of Rockland's Department of Economic Development and Tourism.



A. Family Relationships

Does any employee, board member or person (as described above) in your agency have a family member directly or indirectly involved or employed with the Department of Economic Development and Tourism and/or County of Rockland that creates a conflict of interest or the appearance of a conflict under the Conflict of Interest Regulation?

- No Yes

If Yes, please describe:

B. Program Relationships

Does any employee, board member or person (as described above) in your agency serve in the Department of Economic Development and Tourism and/or on a County of Rockland Board or Commission that may create a conflict of interest or the appearance of a conflict under the Conflict of Interest Regulation?

- No Yes

If Yes, please describe:

Does an employee of the Department of Economic Development and Tourism and/or the County of Rockland serve on the agency's Board of Directors, which may create a conflict of interest or the appearance of a conflict under the Conflict of Interest Regulation?

- No Yes

If Yes, please describe:

Does any elected official of the County of Rockland serve in the agency's Board of Directors, which may create an appearance of a conflict under the Conflict of Interest Regulation?

- No Yes

If Yes, please describe:



Is any employee, board member and/or person (as described above) in your agency involved in any other activity, directly or indirectly, with the Department of Economic Development and Tourism and/or County of Rockland that may create a conflict of interest or the appearance of a conflict under the Conflict of Interest Regulation?

No

Yes

If Yes, please describe:

C. Business Relationships

Is any employee, board member or person in your agency or a family member (spouse, child, stepchild, parent, sibling, or domestic partner) involved as an investor, owner, employee, consultant, contractor, or board member with an entity that has a contractual relationship with the Department of Economic Development and Tourism and/or the County of Rockland to provide goods or services, sponsor development activities and/or receive referrals from the Department of Economic Development and Tourism and/or the County of Rockland?

No

Yes

If Yes, please describe:

Attestation

I have read and understand the **Conflict of Interest Disclosure** Form. I have disclosed all information required by this disclosure, if any. I agree to comply with any conditions or restrictions imposed by the Department of Economic Development and Tourism and/or County of Rockland to reduce or eliminate actual and/or potential conflicts of interest. I will update this disclosure form promptly, if relevant circumstances change. I understand that this disclosure is not a confidential document. If the County of Rockland Department of Ethics determines that a conflict of interest exists, this contract may be terminated and I or my organization may be required to return any and all funding allocated, whether used or not used.

Full Name:

Title:

Signature:

Organization:

Date:



Certification

Please initial each acknowledgement and sign/date the certification.

____ I hereby certify that the information on this form is complete and accurate. I understand that the information provided may be subject to further verification by the County of Rockland. I will provide the information required to verify this data (i.e., payroll records, tax filings, bank account statements, year-to-date profit, and loss statement for 2024, etc.). I, therefore, authorize such verification and will provide the supporting documentation as required, within ten (10) business days of a written request.

____ I certify that the business/organization has complied with its bylaws and other governing documents to obtain approval for the undersigned to submit this application and execute a grant agreement. I am aware that any misrepresentation or inaccurate information will be treated as a default concerning the grant made and will require repayment. I hereby acknowledge that if any funding is received from the County of Rockland, it must be expended as I have represented in this proposal and according to any requirements set by the County.

____ I understand that submission of this proposal does not guarantee a Grant Award.

Full Name:

Title:

Signature:

Organization:

Date:

To be Completed by County of Rockland:

Funding Source:

I LOVE NY

Rockland County
