City of Hodgenville Tourism Commission
794 Old Elizabethtown Road
Hodgenville, KY 42748
visithodgenville.com
Email: visithodgenville@gmail.com

The City of Hodgenville Tourism Commission advocates for the local tourism industry to develop, market and promote programs, attractions and infrastructure to the individual and group travel markets and industries in order to provide economic benefit, enhance quality of life and further civic pride.

FROM CULTURAL AND HISTORIC ATTRACTIONS TO OUTDOOR ADVENTURE SITES, TO LOCAL SHOPS AND FARM VENUES, TO MUSIC AND MORE, THIS GRANT PROGRAM INVESTS WITH PARTNERS WHOSE PROJECTS ENCOURAGE AN INCREASE IN VISITORS AND PROMOTE THE OVERALL GROWTH AND ECONOMIC IMPACT OF TOURISM .

LOCAL BUSINESSES, NON- PROFITS AND COMMUNITY GROUPS WHO SEEK FUNDING FOR APPROVED TOURISM-RELATED EXPENSES SUCH AS MARKETING, PROMOTION, AND VISITOR EXPERIENCE IMPROVEMENTS FOSTER AVENUES FOR SUCCESS THAT WILL DRIVE TOURISM AND ECONOMIC GROWTH.

ALL GRANT APPLICATIONS MUST BE SUBMITTED AT LEAST 30 DAYS IN ADVANCE OF THE COMMISSION'S REGULARLY SCHEDULED MEETING.

A COMPLETE APPLICATION FORM IS AVAILABLE AND WILL REQUIRE AT A MINIMUM THE FOLLOWING INFORMATION :

*A DETAILED OUTLINE OF THE PROJECT INCLUDING START / FINISH DATES.

*HOW DOES YOUR PROJECT INCREASE VISITORS OR VISITOR EXPERIENCE?

*A PROPOSED BUDGET MUST BE INCLUDED IN THE APPLICATION ESTIMATING PROJECTED INCOME AND EXPENSE AND HOW THE GRANT WILL BE USED.

*MAINTAIN DETAILED FINANCIAL REPORTS INCLUDING IN-KIND DONATIONS OF MATERIALS OR SERVICES AND VOLUNTEER HOURS TO BE INCLUDED IN FINAL REPORT TO THE COMMISSION.

*HOW WILL THE TOURISM COMMISSION BE RECOGNIZED AS A SPONSOR?

CITY OF HODGENVILLE TOURISM COMMISSION GRANT APPLICATION

Organization:_____ Type: 501(C)(3), non profit, educational, governmental
FEIN:_____ if available)
Contact person: _____
Address: _____
Email: _____Phone_____
Website:_____
FaceBook: _____

Project Title:_____

Project Description_____
_____
(you may use a separate sheet for description as needed)

Project Start Date_____ Project End Date_____

Project Location_____

Project Manager_____
Address_____Email_____Phone_____

Amount Requested $_____. If additional funds are needed to complete the project, what is the source of that funding? _____

If additional funds are needed to complete the project, are those funds in hand? _____

How will this project increase tourism in our area? _____
_____

What is your marketing plan/media plan for this project? _____
_____

Name of Person designated for grant follow-up at end of project? _____
Email_____Phone_____

COMPLETED APPLICATION MAY BE EMAILED TO : visithodgenville@gmail.com OR MAILED TO THE COMMISSION AT THE ABOVE ADDRESS, OR, HAND DELIVERED TO THE COMMISSION AT THE ABOVE ADDRESS