



Capital Projects Advisory Committee (CAP Committee)

Tourism Master Plan Grant Guide and Application FY 2017-18 Allocation

The Capital Projects Advisory Committee (CAP Committee) is soliciting applications for projects that implement Tourism Master Plan (TMP) priorities and benefit communities located in eastern Placer County for the award of Placer County Transient Occupancy Tax (TOT) funds. The TMP was approved by the Placer County Board of Supervisors in 2015 and provides a road map for TOT investment in eastern Placer County. The TMP identifies several focus areas to support the tourism economy of eastern Placer County and positions the region to achieve the vision of the plan through the Tier 1 and Tier 2 priorities¹.

Grant Priorities

The Tourism Master Plan Grants Program focuses on visitor-serving capital projects identified in three focus areas of the TMP including **Visitor Activities and Facilities**, **Transportation** and **Visitor Information**². Example projects include:

- Trails
- Wayfinding and interpretive signage
- Bus shelters
- Sidewalks and pedestrian infrastructure
- Facilities such as museums, interpretive centers, and public art

Please see project examples at:

<https://www.placer.ca.gov/departments/admin/revenue/tot>

The CAP Committee reviews grant applications and recommends projects to the Placer County Board of Supervisors. The CAP Committee, co-chaired by Placer County and the North Lake Tahoe Resort Association, includes organizations representing resorts, small business, residents, and visitors.

Eligibility Information

In order to be considered for funding, applicants must submit a complete proposal and include the templates attached to this application. The deadline for project

¹ Review Chapter 5 in the TMP for more information on Tier 1 and Tier 2 Priorities

² Review Chapter 5 in the TMP for more information on the focus areas

submittals is **Friday, March 30, 2018 by noon**. All information requested in this solicitation is mandatory unless otherwise indicated. Failure to submit any required attachments or complete all required application components will make the proposal incomplete. Incomplete proposals will not be scored or considered for funding. The proposals must include the following:

1. Cover Sheet. (Page 5)
2. Identification of a required minimum 10 percent match through other secured funding sources. Match requirement may be reduced for project planning, design and/or environmental review proposals. (Page 7)
3. Project summary, including Tier 1 or Tier 2 priorities addressed by the project. (Page 8)
4. A project Scope of Work and schedule including project completion date. (Page 9)
5. Economic impact of the project. (Page 10)
6. Project budget worksheet including funding request, 10 percent matching requirement and in-kind contribution if applicable. (Page 11)

2018 Grant Cycle Timeline

This schedule is tentative and will be finalized after CAP Committee member appointments are confirmed by the Placer County Board of Supervisors.

March 30 th , 2018 at noon	Complete project proposals due
April 2018	CAP Committee grant application review
May 2018	CAP Committee recommendations to Placer County Board of Supervisors
May - June 2018	Placer County staff prepares grant contracts for approved projects
*May 22 nd , June 5 th , June 26 th ,2018	Placer County Board of Supervisors grant contract approval (at regularly scheduled board meetings)

*Note - Projects approved for this grant cycle will not receive funding until after Placer County Board of Supervisors' approval and execution of a grant agreement between Placer County and grantee.

Grant Requirements

1. Must be a 501(c) organization or governmental entity. For-profit organizations may apply but must demonstrate project meets grant criteria including public benefit and consistency with TMP priorities. Any grant to governmental entities must also be made exclusively for public benefit purposes.
2. Project is consistent with TMP Tier 1 or Tier 2 priorities.
3. Must be a capital project that includes a proposal to build, restore, retain or purchase any equipment, property, facilities, programs or other items, including buildings, infrastructure, information technology systems; or other equipment, that is funded on a necessarily non-repeating, or non-indefinite,

- basis and that is to be used for the public benefit.
4. Projects must strengthen overall tourism economy.
 5. Demonstrate need for infrastructure program or project.
 6. Enhance visitor experience and economic value for eastern Placer County.
 7. Clear description of how public funds will be used, including measurable results and benefits.
 8. Sound financial plan.
 9. Quantifiable goals and objectives.
 10. Secured funding or funding plan for future maintenance or ongoing operating expenses.
 11. Measurable economic return on investment.
 12. Feasibility under current regulations.
 13. Project does not directly compete with or replace private enterprise.
 14. Cost Share and Match.

Match Requirements

This program requires a minimum match of 10 percent of the total project cost. **Match requirement may be reduced for project planning, design and/or environmental review proposals.** The 10 percent match must be used to support the proposed project and be spent during the grant term. The project match can include in-kind contributions of up to 15 percent of the total match including donated goods, facilities and volunteer services. Please see the In-Kind Contribution Form on page 12. If the project is chosen for funding, match commitment letters from the contributing entities will be required prior to execution of the grant agreement.

The match is calculated as a percentage of the total project budget, not as a percentage of the grant funds requested. See the example below for reference:

Project Budget (total project): \$250,000
Local Match: \$25,000 (10%) of \$250,000
TOT Funds Requested: \$225,000 (\$250,000 - \$25,000)
In-Kind Match if applicable: \$3,750 (15% of \$25,000)

Project Evaluation

Each proposal will be valued on criteria that includes but are not limited to:

- Implementation of TMP (preference for Tier 1 priorities)
- Projects that exceed minimum match requirement or have other funding sources in place
- Projects that impact all of eastern Placer County
- Projects with one or more partner agency and/or organization
- Economic Impact

Project Proposal

Please submit 1 pdf copy via email³ of your proposal to the following email addresses:

ecasey@placer.ca.gov

cindy@gotahoenorth.com

khopkins@placer.ca.gov

For questions regarding the application process, please contact Erin Casey at ecasey@placer.ca.gov or Katelynn Hopkins at khopkins@placer.ca.gov

³ Submit your application and other attachments via email clearly labeled with your organization's name in the file name.



Capital Projects Advisory Committee (CAP Committee)

Tourism Master Plan Grant Proposal Cover Sheet

Request to:

Date of Application:

Organizational Information

Full Legal Name of Organization:		
Address:		
City:	State:	Zip Code:
Website:		
President/Exec. Dir.:	Title:	
Phone #:	Email:	
Contact Person (if different):	Title:	
Phone #:	Email:	

Tourism Master Plan Grant Proposal Request

Name:		
Application Type: <input type="checkbox"/> Planning/Design <input type="checkbox"/> Construction/Implementation <input type="checkbox"/> Other		
Project Term (Start/End Date):		
Project Budget:	TOT Requested Amount:	%
Other Funding Sources:	Amount:	%
Geographic Area Served:	TMP Priority Served:	
Brief project description:		

Check list of required documentation:

- Tourism Master Plan Grant Proposal Cover Sheet (this page)
- Tourism Master Plan Grant Proposal Template
- Tourism Master Plan Grant Proposal Budget Worksheet (must agree with amounts listed above)
- In-Kind Contribution Form (if applicable)



Capital Projects Advisory Committee (CAP Committee)

Tourism Master Plan Grant Proposal Template

Proposal must be limited to 8 pages of narrative text, not including maps, appendices, literature cited or other required forms. If necessary, please attach another page if additional space is needed.

PROJECT TITLE: A short descriptive title for the project.

CONTACT INFORMATION:

Applicant/Project Manager Name:	
Entity/Affiliation:	
Telephone:	
Email:	

ESTIMATED COST: Use the Budget Worksheet to break down how the project funds will be allocated. The Budget Worksheet will prevail if costs listed on the proposal forms and templates vary. (Page 11)

TOT Funds:	
Matching Funds:	
Total Project Cost:	

INTRODUCTION: Briefly describe the proposed project and any history or special circumstances important to understanding the project. Indicate whether project is new or continuing. If continuing, provide project funding history, accomplishments, and explain why further funding is needed. (Please attach another page if additional space is needed).

FINANCIAL INFORMATION:

Total project cost:	
Total Transient Occupancy Tax funds requested:	
Identify other funding from secured sources:	

BUDGET NARRATIVE: Explain and justify all requested budget items and costs associated with the funding request. Document how the minimum 10 percent match requirements will be met (identify funds and/or in-kind contributions up to 15 percent of the total match). Provide clear description of how the match directly relates to the project's purpose, objectives, and approach. (Please attach another page if additional space is needed).

PROJECT NEED: Why is the project being proposed and why it is a priority? Explain and justify connection to the priorities listed in the Tourism Master Plan.

SUCCESS: How will you measure success? How will the objective(s) and tasks be accomplished? Describe how your organization will assess its overall success and effectiveness during the grant period. Include specific output and outcome measures that you plan to collect, and how those measures will be used to determine if the project is successful.

SCOPE OF WORK AND SCHEDULE: What is to be accomplished during the period of the project pursuant to the statements under "NEED" above? Project objectives should be fully achievable with the amount of funds identified in the grant proposal and within the grant period. Make sure the objectives include quantitative measures that indicate when project objectives have been met. Please use the chart below. (Please attach another page if additional space is needed).

Task	Description	Completion Date	Complete
Example: Planning	Series of public and stakeholder workshops	October 4 th , 2018	No

ECONOMIC IMPACT OF THE PROJECT: What geographic portion of eastern Placer County will benefit the greatest from this project? How will the project improve or enhance visitor services? (Please attach another page if additional space is needed).

User Impact:

Estimated number of users:	
Time of year:	
Weekends:	
Weekdays:	

Visitor Attraction:

% of local users:	
% of users out of the area (define location of visitor):	

Direct Impacts:

Jobs created:	
---------------	--

Indirect Impacts:

Tax Revenue Generated

Sales Tax:	
Property Tax:	
Transient Occupancy Tax:	

OTHER:

List other benefits or elements that should be considered by the CAP Committee in evaluating this request (3-5 sentences).



Capital Projects Advisory Committee (CAP Committee)

Tourism Master Plan Grant Project Proposal Budget Worksheet

Line Item Description	Transient Occupancy Tax Funding Requested (\$)	Matching Funds (identify entities and amounts)* (\$)	In-Kind Contributions (identify entities and amounts) (\$)	Project Totals (\$)
Salary and Wages (specify position types utilized and rates)				
Staff Benefits				
Planning and Design				
Permitting				
Environmental Review				
Construction				
Equipment				
Materials and Supplies				
Public Outreach and Marketing				
Contractual Services (specify subcontractors, consultant services, travel)				
Total Direct Costs				
Indirect Costs (i.e. overhead)				
Total Costs				

*Additive total value of Matching Funds must be at least 10 percent of project grand total.

*Match requirement may be reduced for project planning, design and/or environmental review proposals.

*In-Kind contributions cannot exceed 15 percent of the total Matching Fund requirement.



Capital Projects Advisory Committee (CAP Committee)

Tourism Master Plan Award In-Kind Contribution Form

Instructions

Use the templates, or a similar form, on pages 13 and 14 to document in-kind contributions. In-kind contributions are third-party donations of goods, facilities, or services used to meet the matching requirement for the award of Transient Occupancy Tax revenues. Your organization is not required to use these exact forms if your organization has other means to record the data.

Do not include property, facilities, or services contributed by your own organization. The third-party donations must be necessary and reasonable for the project.

On the form, show how the value of each contribution was determined by filling in the appropriate boxes:

- For donated goods,
 - provide a description and number of items,
 - date provided, and
 - the total fair market value of the items;
- For facilities,
 - the published rental rate and hours or dates the facility was used.
- For volunteer services (one person per form),
 - list the number of hours worked,
 - date(s) of service,
 - type of service, and
 - rate of pay.

Examples of completed in-kind contribution reports are on pages 15 and 16 (**Example A** and **B**).

All in-kind items reported must:

- Be provided by a third-party, either an individual or an organization, not the grant recipient.
- Be for allowable costs and activities that were included in your approved project budget.
- Be supported by documentation that corroborates the fair market value of the goods or services provided.

If you have questions, please contact Erin Casey at ecasey@placer.ca.gov or Katelynn Hopkins at khopkins@placer.ca.gov

SAMPLE IN-KIND CONTRIBUTION FORMS

EXAMPLE A

GRANTEE ORGANIZATION:

Organization: Special District XYZ Contract #: 12-3456-7891
Project: Public Outreach Meeting
Authorizing Official: Tom Thumb Email: thumb@district.net
Contact Person: Marcy Toe Email: toe@district.net

To the best of our knowledge the below goods and/or services were donated to our organization in support of the project and are allowable costs per the approved project budget.

DONOR DATA:

Donor's Name (Print): Joe's Supply Company. Owner Joe Smith
Donor's Email: joe@joessupplycompany.bus Phone #: 555-555-5555

Description of Donated Goods or Facilities	Date Provided or Used	Fair Market Value
Paper	4/12 - 16/16	\$50.00
Table Rentals	4/12- 16/16	\$250.00

TOTAL \$300.00

➤ For third-party in-kind contributions, the fair market value of goods and services must be documented and feasibly supported.

SAMPLE IN-KIND CONTRIBUTION FORMS

EXAMPLE B

GRANTEE ORGANIZATION:

Organization: Trail ABC Association Contract # 19-8765-4321
 Project: Trail Head XYZ Restoration
 Authorizing Official: Tom Thumb Email: tom@trailabcassoc.net
 Contact Person: Marc Toe Email: Marc@trailabcassoc.net

To the best of our knowledge, the below volunteer performed the listed service(s) on the specified date(s) and times.

VOLUNTEER DATA:

Volunteer's Name (Print): Sally Doe
 Volunteer's Email: doe@otto.net Phone # 555-555-5555

Date(s) of Service:	Total Hours Worked:	Location(s) of Service:	Service Performed:	Fair Market Value of Service:
8/1/18 - 8/5/18	10	Trail XYZ	Trail Design	\$500.00
TOTAL				<u>\$500.00</u>

Rate based on:	Standard rate for similar services in eastern Placer County \$50.00 an hour trail design work.
-----------------------	--

- Rates for third-party volunteer services must be consistent with those paid for similar work. In those instances in which the required skills are not found, rates must be consistent with those paid for similar work in the labor market.
- For third-party in-kind contributions, the fair market value of goods and services must be documented and feasibly supported.