



Duplin County Tourism Development Authority
PO Box 965 • Kenansville, NC 28349
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www.uncorkduplin.com • director@uncorkduplin.com

Duplin County Tourism Development Authority

**APPLICATION FOR MARKETING GRANTS PROGRAM 2021-2022
(This application must be completed in full in order to be considered)**

Name of Applicant Organization/Agency _____

Address _____

Project Director _____ Telephone _____

Fax _____ E-Mail _____

Project Name _____

Date Project to Begin _____

Date Project to End _____

Total Project Budget _____

DCTDA Grant Funds Requested _____

Funds to be Provided by Applicant _____

Source of Funding for Project _____ \$ _____

_____ \$ _____

_____ \$ _____

Is this request for (check all that apply): Special Event or Project
 Marketing and/or Promotion
 Collateral Material (brochure, rack card, etc)

Does organization receive funding from a Foundation (s): Yes No
If funding is received from Foundation (s), which Foundation (s)?

Is your organization/agency: For profit Non-profit

Narrative Description of Project (Included need assessment/purpose of project, outline of project procedure, intended results of project. Attach additional sheets as necessary.)

Project justifications and economic benefit/impact to the visitor industry. _____

Anticipated visitor attendance _____

Anticipated impact on hotel/motel occupancy _____

Attach additional sheets detailing any additional comments that support the need for project and/or projects merit as an event or activity to enhance Duplin County as a travel destination.

Detailed Project Expenses (Attach sheet if needed and can only be used towards marketing/ advertising)

Marketing/Promotion (if paid media specify name/type of media/publication and date of airing/appearance; if audio visual specify slides, film, video, etc., for all other, be specific in expense breakdown)

\$

\$

\$

\$

Brochure/Rack Card/ etc. (specify type and number printed, include breakdown of design, layout and printing cost)

\$

\$

\$

\$

Total Expenses \$

Total anticipated income (i.e. ticket/program sales, grants)

\$

\$

\$

Total Income \$

Name and Address to appear on check _____

By signing below, it is affirmed that the applicant has read and fully understands the terms and requirements of matching funds grant and agrees to fulfill the obligations therein in accordance with the same should this application be selected for funding.

(Project Director)

Signature

Printed Name **Date**

(Authorized or Administrative Official)

Signature

Printed Name **Date**

Return to: Duplin County Tourism Development Authority
PO Box 965/195 Fairgrounds Dr.
Kenansville, NC 28349

E-mail to: Director@uncorkduplin.com

This document is available electronically. To receive a copy via e-mail, send request to Amanda Justice, Executive Director, at the email address above.