

Department of Tourism and State Development Tourism Enhancement Program

Please type or print clearly. Be sure to complete each section and answer every question. If the question is not applicable to your project, mark with N/A and explain why. If there is not enough room, attach additional sheets and reference which section of the application the addendum is for.

Section 1: APPLICANT INFORMATION

Name of Applicant: _____

Street Address: _____

Mailing Address: _____

City/State/Zip Code: _____

Telephone: _____

Fax: _____

Email Address: _____

Website: _____

Section 2: PROJECT NARRATIVE

Summarize the project to be completed. If you need more space, please attach additional information to application.

Loan or Grant Request: \$ _____

Estimated Cost of Project/Study: \$ _____

Estimated Contribution(s) to Date: \$ _____

Section 2: PROPOSED OR EXISTING PROJECT OWNERS AND MANAGEMENT

List Owners, Investors, Management and/or Board of Directors
(Attach resumes and references for each.)

NAME	TITLE	TELEPHONE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Project supervisors
(Attach resumes for each.)

NAME	ADDRESS	TELEPHONE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Section 3: PURPOSE OF THE LOAN/GRANT

DESCRIPTION OF THE PROJECT OR STUDY

Describe the intended results for the project and how the project will benefit or impact the applicant, new visitation to the State, existing visitor resources and the South Dakota economy. Include the estimated benefit of the project in terms of impact on tax base, job creation, stability of economy or stimulation for other businesses. Also include positive and negative effects of project on area.

DESCRIPTION OF PLANNED MARKETING EFFORTS

Describe the planned marketing efforts or any feasibility or market research methodology, including a timeframe for completion, to be employed for potential market for services, attractions or other product developed. Also include any of these efforts made to date and attach the business and/or marketing plan.

BENEFIT TO TOURISM INDUSTRY

Describe the project benefits to one or more sectors of the state tourism industry.

PATENTS OR REGULATORY APPROVAL

Explain any patents or regulatory approval that is needed, has been granted or is expected to be granted as a result of the successful completion of the project.

Section 4: PROJECT BUDGET AND EXPENDITURES

Source and Uses of Funds

Uses of All Funds	Total Cost	Proposed Source
<i>Project Costs Eligible for Subfund Financing:</i>		
Salaries, Wages and Fringe Benefits	\$ _____	_____
Consultant Contracts	\$ _____	_____
Equipment	\$ _____	_____
Materials and Supplies	\$ _____	_____

Travel	\$	_____	_____
Publication Costs	\$	_____	_____
Accounting and Legal Services	\$	_____	_____
Other Direct/Indirect Costs	\$	_____	_____
TOTAL:	\$	_____	_____

Supporting Cost Documents (please attach)
The cost of the project must be documented with bids, quotes or other supporting cost documents.

Section 5: PROJECT SPONSORS
(Attach Letters of Commitment)

Name of Individual or Organization: _____

Point of Contact Name: _____

Address: _____

Telephone Number: _____

Email Address: _____

Website: _____

Amount of Participation: \$ _____

Name of Individual or Organization: _____

Point of Contact Name: _____

Address: _____

Telephone Number: _____

Email Address: _____

Website: _____

Amount of Participation: \$ _____

Name of Individual or Organization: _____

Point of Contact Name: _____

Address: _____

Telephone Number: _____

Email Address: _____

Website: _____

Amount of Participation: \$ _____

Section 6: PROJECT RESOURCES

Proposed Use of Marketing or Feasibility Consultants

(Attach Resumes)

Company: _____

Address: _____

Telephone Number: _____

Website/Email: _____

Point of Contact Name: _____

Expertise:

Responsibilities:

Company: _____

Address: _____

Telephone Number: _____

Website/Email: _____

Point of Contact Name: _____

Expertise:

Responsibilities:

Company: _____

Address: _____

Telephone Number: _____

Website/Email: _____

Point of Contact Name: _____

Expertise:

Responsibilities:

Section 7: FINANCIAL INFORMATION

Historical Financials (please attach). Provide the most recent three (3) year financial statements. At a minimum, this history must contain a balance sheet, income statement and tax return. If applicant is newer than three years, provide all previous financial statements and tax returns.

Section 8: BUSINESS CORPORATION FORMS

Please attach the articles of incorporation, bylaws, partnership agreement or other items filed with the South Dakota Secretary of State's Office. If this is a new business, a legal entity must be formed prior to receiving funds.

Section 9. CERTIFICATION

All information contained below and in schedules attached is true and complete to the best knowledge and belief of the applicant. There is no intent to deceive or defraud the South Dakota Board of Economic Development or any potential participant in any grant or loan to finance this project.

The applicant recognizes that the Department of Tourism and State Development and the Board of Economic Development may not process incomplete applications. These applications will be returned to the applicant for completion.

The applicant also recognizes that Chapter 68:02:01:23 of the South Dakota Administrative Rules state that....."notwithstanding any assurance, guarantee, communication, or representation made to the contrary, there shall be no commitment of any loan program without specific authorization of the Board of Economic Development.....". Only the board may make an award from the program to the applicant.

The Department of Tourism and State Development prohibits discrimination in all its programs and activities on the basis of race, color, national origin, gender, religion, age, disability, political beliefs, sexual orientation, marital or family status.

I declare and affirm under the penalties of perjury that the claim (petition, application, information) has been examined by me, and to the best of my knowledge and belief, is in all things true and correct.

Applicant: _____

Name: _____

Title: _____

Applicant Signature: _____

Date: _____

Revised 11/07