REQUEST FOR PROPOSAL

Clarion County Hotel Tax Grant Award

Capital Projects

**Purpose:** Capital Projects must enhance the visitor’s experience by developing new or enhancing existing Clarion County tourist attractions or amenities

**Organization's Name:**

Contact Name & Title:

Address:

Phone: Email:

Federal ID #

**Project Location:**

**Primary Project Purpose:**

**Engineer/Architect (if applicable) :**

**Construction/Renovation Projects:** List all of the required permits and zoning variances. Please include current status.

Has a contract for any vendor service already been bid and/or executed (general contractors, architects, engineers, etc.)?

If yes, was the contract bid competitively?

**Program Narrative:** (Attach - no more than 3 pages)

Concisely describe the need for the project and what activities will be undertaken through this funding to address this need. An explanation on how the project/activity will increase tourism and/or quality of life in/within the County of Clarion. Highlight any partnerships and/or innovative elements of the project. Include methodology to be used to track participants.

**Budget:**

1. Amount requested

2. All project expenses

3. Other funding sources (if project exceeds your ask)

4. Proof of 25% match

Will the agency accept an award in an amount less than the requested amount for this project?

Will the award for this project generate income or revenue?

If yes, how will the revenue be used?

**Timeline:** A projected schedule and detailed timeline for the project.