



## **SANTA ROSA COUNTY TOURIST DEVELOPMENT TAX CAPITAL PROJECTS FUNDING APPLICATION FORM AND INSTRUCTIONS**

The goal of the Capital Project Funding program is to create a sense of place and deliver a unique experience that enhances tourism visitation, economic impact and community vitality. A Sense of Place is loosely defined as the integral character of a place, or the meaning people give to it. A place of strong identity felt by locals and visitors alike and generates an authentic experience.

### **FUNDING ELIGIBILITY**

To be considered for funding the following criteria must be established:

- If funded; applicant must wait 3 years before requesting additional and/or new capital project funding.
- Projects must be past design phase to qualify for funds.
- Permits must be attainable by applicants.
- Match funds must be in hand. Real cash either as donations or actual grant dedications; Not In-Kind.
- Cities are eligible for a 40% match up to \$150,000.
- Non-Government Organizations are eligible for a 50% match up to \$50,000.
- Prioritization is limited to a yearly basis due to budget projections.

**SANTA ROSA COUNTY TOURIST DEVELOPMENT TAX  
CAPITAL PROJECTS FUNDING APPLICATION**

**A. Background**

1. *Name of Capital Project:* \_\_\_\_\_
2. *Location:* \_\_\_\_\_
3. *Projected Timeline – Start:* \_\_\_\_\_ *Completion:* \_\_\_\_\_
4. *Please **circle** the description that best describes the nature of your Project:*  
New Construction    Expansion    Renovation    Major Equipment
5. *Executive Summary – Please provide an overview of the Project and its benefits to Santa Rosa County:* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**B. Applicant Information**

1. *Name of Submitting Organization:* \_\_\_\_\_
2. *Purpose and Mission of Submitting Organization:* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. *How long has the organization been operating in Santa Rosa County?* \_\_\_\_\_  
\_\_\_\_\_
4. *Tax Status of Submitting Organization:* \_\_\_\_\_
5. *FEID Number:* \_\_\_\_\_ *(Please submit your W-9 Application/NPO990)*
6. *Contact Person & Title:* \_\_\_\_\_  
\_\_\_\_\_
7. *Address:* \_\_\_\_\_  
*Phone #:* \_\_\_\_\_ *Fax:* \_\_\_\_\_ *Twitter:* \_\_\_\_\_  
*E-mail:* \_\_\_\_\_  
*Web Site:* \_\_\_\_\_

**C. Project Details**

1. *Details on project space/construction type, clients served, and the project itself:* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. *Describe in detail the strategic rationale for the Project:* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. *Projected Useful Life of Project:* \_\_\_\_\_
4. *Please attach any schematics, plans or images related to the project.*

**D. Financial Summary**

1. *Amount of TDT Funds Requested and over what period of time (disbursement schedule):* \_\_\_\_\_
2. *Project Costs:*

	Cost
Total Project Cost	
Land Value	
Design and Project Management Costs	
Construction Costs	
Infrastructure and Equipment Costs	

3. *What percentage of the Project costs will be spent locally?* \_\_\_\_\_
4. *Are there any recurring costs to buy new equipment/update the facility, if yes, list and explain:* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. *Projected Annual Spending of total project cost:* \_\_\_\_\_
6. *Please submit the following additional financial information for the Project (include information on both the construction phase and on-going operations):*
  - A detailed Financial Plan
  - A Sources and Uses Budget for the Project

**E. Project Demand**

1. *Who is the targeted population, audience or events for the Project:* \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
2. *Please create and submit an event calendar for the previous twenty-four (24) months, if applicable, and the next 60 months (5 years) for the Project using the format below.*

Event Name	Event Dates	#of participants	# of Spectators	Total Attendance	Room Nights
Event #1					
Event #2					
Event #3					

3. *Please fill in the following Attendance Chart estimates for the number of annual attendees in each category for the first (5) years after the project opens. If the Project is an expansion to an existing facility, please only include those attendees unique to the development of this Project if discernable.*

Origin of Attendees				
	Out-of-State	In-State, Non-County	Local	Average Stay (Days)
Year 1				
Year 2				
Year 3				
Year 4				
Year 5				

4. On average, how many months per year will the Project be utilized: \_\_\_\_\_
5. For those months, how many average days per month will the Project be utilized: \_\_\_\_\_  
\_\_\_\_\_
6. Please fill in the following Hotel Room Night Chart with estimates for the number of room nights generated annually for the first five (5) years after the Project opens. If the Project is an expansion to an existing facility, please only include those room nights resulting from the development of this Project if discernable.

	Year 1	Year 2	Year 3	Year 4	Year 5
Projected Room Nights					
Bed Tax Exempt Room Nights (If Applicable)					
Average Nightly Room Rate					

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7. List additional sponsors/partners: \_\_\_\_\_
8. Number of Vendors: \_\_\_\_\_ Local: \_\_\_\_\_ Out of County: \_\_\_\_\_
9. How will you evaluate and measure your programs success: \_\_\_\_\_

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10. List states and countries represented by previous attendees if an existing facility has been used for events that the new facility will host or if it is an expansion of an existing facility: \_\_\_\_\_

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11. Will events held through the Project charge an entry fee, admission fee, parking fee, etc.? \_\_\_\_\_

If yes to any of these please list them: \_\_\_\_\_

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**F. Marketing Summary**

1. Outline of the marketing plan if applicable for the Project and resulting events: \_\_\_\_\_

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2. Describe what steps have been taken or will be taken to attract new attendees, and thus increase bed tax revenue: \_\_\_\_\_

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**G. Signature**

*I have reviewed the SANTA ROSA COUNTY TOURIST DEVELOPMENT CAPITAL PROJECTS FUNDING APPLICATION. I am in full agreement with the information contained in this application and its attachments as accurate and complete. I further acknowledge my understanding that the County in approving a funding agreement does*

*not assume any liability or responsibility for the ultimate financial profitability of the project for which the funds are awarded. The County, unless otherwise specifically stated, is only a financial contributor to the project and not a promoter or co-sponsor and will not guarantee or be responsible or liable for any debris incurred for such event/activities. I have put parties on notice that the County will not be responsible for payment of any costs or debts for the project.*

\_\_\_\_\_  
*Signature (Please sign in **BLUE** ink)*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Name and Title of Person Authorized to Sign the Application*

\_\_\_\_\_  
*Applicant's Organization*

For funding consideration, please make sure your application is filled out completely and accompanied by the following information. If any item is not applicable, indicate N/A over the check box.

- Completed Checklist (this form)
- Funding Application and Applicant Certification
- IRS Form W-9 Request for Taxpayer Identification Number and Certification or Non- Profit 990
- Narrative Report(s) if capital project funding received in prior years describing the current status of that project
- Written authorization on official organization letterhead for AUTHORIZED AGENT to act on behalf of Applicant
- Organizational outline, including but not limited to names and addresses of each board member and corporate officer (except government entities)
- Complete Budget Outline
- Three support documents (letters of recommendation, programs from previous years' event, brochures, media articles, etc.)
- A schematic design of the project, including my specifics that will assist in the approval process. All Capital Projects must meet all zoning requirements, building code, permitting regulations and other applicable laws.
- All written agreements involving media, hotels/motels and venue contracts/leases where applicable.

Application packets should follow above format with dividers or tabs between each section.

Capital Project applications must include one (1) signed/stamped original, eleven (11) copies, and one (1) electronic copy (i.e. CD, flash drive, etc.), for a total of 13 items, and must be submitted by 4:00 p.m. on the application submittal deadline date to: Tourist Development Office, 8543 Navarre Pkwy, Navarre, FL 32566





## Fiscal Year 2022-23 AGENCY REQUEST FORM

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All agencies requesting funding from Santa Rosa County must submit all of the following information and complete the attached form. Failure to submit all of the required information or to complete the form will remove your organization from consideration for funding. Please submit the requested information and this form to:

**Santa Rosa County Board of County Commissioners**  
**Office of Management & Budget**  
**6495 Caroline Street, Suite L**  
**Milton, Florida 32570**

Please submit:

- A copy of your organization's 2020 or 2021 tax return.
- A letter of determination from the IRS confirming your organization's federally tax exempt status.

Agency Name:

Agency Address:

Program Name:

Program Contact:

Contact Email:

Contact Phone:

25-Word Description of Program:

Amount Requested:

Amount Received Last Year, if applicable:



## Fiscal Year 2022-23 AGENCY REQUEST FORM

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Briefly discuss how last year's funds were used. If no funds were received last year, please mark N/A.

Briefly discuss how the funding you are currently requesting will be used.

If Santa Rosa County funding can only fund a portion of your request, how will you offset the difference?



## Fiscal Year 2022-23 AGENCY REQUEST FORM

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If the funding you are applying for can be used as a match for other funding, please provide the details below and include the amount and match ratio:

**Please list the primary goal(s) that this program is targeting. Maximum of three.**

For example, "reduce homelessness in Santa Rosa County"

**Please list the performance measure(s) by which your organization will measure the success of your program. Maximum of three.**

For example, "number of families successfully transitioned into permanent housing and stabilized for 6 months utilizing County funding."

**Please list the baseline statistics for the performance measure(s). Maximum of three.**

For example, "number of families successfully transitioned into permanent housing and stabilized for 6 months in previous fiscal year."



## Fiscal Year 2022-23 AGENCY REQUEST FORM

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### BUDGET

Please fill out the requested information in its entirety for the program for which you are requesting funding. It is not necessary to fill out information for the agency as a whole; only for the program for which funding is requested. If this is a new program you are not required to complete the information for the previous budget year.

#### Income

	<b>Most Recently Completed Budget Year</b>	<b>Current Budget Year</b>	<b>Proposed Budget Year</b>
Contributions from Private Sources			
Programmatic Income			
County Funding			
City Funding			
State Funding			
Federal Funding			
Memberships			
Investment Income			
Other Income			
Total Income			



## Fiscal Year 2022-23 AGENCY REQUEST FORM

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### Expenses

	<b>Most Recently Completed Budget Year</b>	<b>Current Budget Year</b>	<b>Proposed Budget Year</b>
Total Staffing			
Salaries and Wages			
Employee Benefits			
Professional Services			
Contractual Services			
Travel Expenses			
Rentals and Leases			
Communication			
Postage and Freight			
Repair and Maintenance			
Printing and Binding			
Marketing and Promotion			
Fuel			



## Fiscal Year 2022-23 AGENCY REQUEST FORM

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Expenses (cont.)

	<b>Most Recently Completed Budget Year</b>	<b>Current Budget Year</b>	<b>Proposed Budget Year</b>
Supplies			
Capitalizable Assets			
Total Expenses			
Net Income			

Please explain any capitalizable asset contained in your request.