



The Wisconsin TRAVEL Stimulus Grant Program (“Program”) is administered by the Wisconsin Department of Tourism and supported by up to \$8 million in Coronavirus Aid, Relief, and Economic Security (CARES) Act Federal funding. The Program provides grants to support Tourism Promotion and Tourism Development organizations impacted by the COVID-19 pandemic. Additional details are available on the [Program website](#). Eligible organizations may submit completed application materials, no later than September 28 at 4 PM via email to: TourismCARES@travelwisconsin.com.

APPLICATION CHECKLIST

	Document	Note	Acceptable File Formats
	Application Form	Required.	Portable Document Format (PDF)
	Appendix A – Budget	Required. Available here .	Microsoft Excel
	Supporting Documentation	Required. Including evidence of Tourism Promotion and Tourism Development activities.	Microsoft Word, PDF, JPEG
	DOA-3027 (Designation of Confidential and Proprietary Information)	Optional. Available here .	Microsoft Word, PDF, JPEG

SECTION 1. APPLICANT INFORMATION

Organization Name: _____

EIN: _____

Type of Organization: Nonprofit (501 c(3), 501c(4), 501c(6)) Government

Principal Office Address: _____

Payment method preference: Check ACH (*additional documentation may be required*)

Remit to Address: _____

Contact Person: _____ Title: _____

Phone: _____ Email: _____

Organization Website, if any (URL): _____

Applicant Operating Area: _____
(Wisconsin region(s), counties, municipalities, etc.):

Grant Amount Requested (from Appendix A, Budget): \$ _____

Applicant’s Fiscal Year Tourism Promotion and Tourism Development Budget (Previous 3-Year Average): \$ _____

Please attach evidence of Tourism Promotion and Tourism Development activities from within the past 36 months. Applicant may provide previous marketing plans or annual reports.

SECTION 2. NARRATIVE. The purpose of this section is to provide the Department with a basis for determining an applicant's financial need. Be specific when answering the following questions. Applicants shall thoroughly and concisely answer each question.

Tourism Promotion and Tourism Development organizations with a nonprofit classification can apply for one or both types of grant funding listed below in the same application.

Tourism Promotion and Tourism Development organizations that are government entities can only apply for Marketing Local/Regional Business Activities (2.2).

2.1 Continuation of Operations (500-word limit)

- Explain how the COVID-19 pandemic and public health emergency impacts the organization's Tourism Promotion and Tourism Development business operations.
- Explain how these impacts are directly tied to financial need.
- Explain how grant funds (as defined in Budget section 5.0 in the Grant Announcement) restore economic activity amid the current COVID-19 public health emergency.

2.2 Marketing Local/Regional Business Activities (500-word limit)

- Explain how the COVID-19 pandemic and public health emergency impacts the organization's Tourism Promotion and Tourism Development activities.
- Explain how these impacts are directly tied to financial need.
- Explain how grant funds (as defined in Budget section 5.0 in the Grant Announcement) support the resumption of local and/or regional business activities to ensure a safe and healthy experience for travelers and resident consumers and restore economic activity amid the current COVID-19 public health emergency.

SECTION 3. BUDGET

In Appendix A - Budget identify eligible expenses for which grant funding is requested from March 1, 2020 through December 30, 2020. Similar expenses may be grouped. For example, multiple Personal Protective Equipment (PPE) orders from the same vendor over several weeks may be combined on a single line.

The Program will accept anticipated dates, anticipated vendors/sources and anticipated amounts for future expenses that have not yet been incurred but will be incurred prior to the end of the eligible period (December 30, 2020).

Nonprofit claims for lost revenue such as memberships or room tax, the applicant may request funds for the difference between tourism promotion and tourism development revenues during the 2020 period for which payment is requested and revenues during the same period in 2019. For example, if memberships were \$25,000 in June of 2020 and \$35,000 in June 2019, grant funds may be requested for the difference (\$10,000), assuming the difference is attributable to COVID-19 disruptions. The applicant should include supporting documentation.

CARES ACT ALLOWABLE EXPENSES

The Department of Tourism will review Section 3. Budget and supporting documentation and will make awards for budget items that are reasonably consistent with CARES Act requirements and Program provisions. The Department of Tourism's award of such funds, however, is not dispositive as to whether any particular cost meets the criteria set forth in the CARES Act. Per the Wisconsin TRAVEL Stimulus Grant Program ("Program") Grant Announcement and forthcoming language in resulting Grant Agreements, organizations retain responsibility for demonstrating eligibility of expenses, and are required to hold Tourism harmless for any audit disallowance related to the eligibility of expenses, including repayment of ineligible amounts. Organizations should consult with their own legal counsel to discuss whether any particular cost meets the eligibility criteria set forth in the CARES Act.

SECTION 4. ATTESTATIONS AND REQUIRED SIGNATURE

4.1 Attestations

In accordance with applicable provisions of the Federal Coronavirus Aid, Relief, and Economic Security (CARES) Act and Grant Announcement provisions, the applicant must certify the following:

YES	NO	N/A	
			1. The applicant is a tourism-focused Wisconsin public or private organization not organized or incorporated for profit. This includes, but not limited to, those classified as 501c3, 501c4, or 501c6 and provides Tourism Promotion and Tourism Development services for geographic based (community/county/regional/statewide) traveler destinations.
			2. The nonprofit applicant is registered with the Wisconsin Department of Financial Institutions and has one of the following statuses as of the Grant Announcement closing date: “restored to good standing”, “incorporated/qualified/ registered”, “organized”, or “registered”.
			3. The applicant conducts operations and has an administrative presence in Wisconsin.
			4. The organization has been continuous operation since March 1, 2019.
			5. Submitted costs are necessary expenditures incurred or revenues lost (if applicable) due to the public health emergency with respect to the Coronavirus Disease 2019 (COVID-19),
			6. All expenditures and lost revenues (if applicable) have been or will be incurred by the applicant organization between March 1, 2020 and December 30, 2020.
			7. All expenditures and lost revenues (if applicable) have been or will be incurred supporting the promotion of local/regional business activities.
			8. All expenditures and lost revenues (if applicable) that have been or will be incurred were not reimbursed and are not under consideration for reimbursement of another program.
			9. The applicant will maintain for at least five years records sufficient to demonstrate that the expenses were compliant with applicable CARES Act provisions.
			10. The applicant has exercised reasonable care and made all reasonable efforts to obtain and submit accurate information.
			11. Submitted nonprofit claims for lost revenues stemming from reduced or rescinded financial commitments of memberships, room tax funding, or the like were rescinded due to COVID-19 pandemic related causes, such as financial hardship.

Applicant Authorized Representative

The signatory below certifies that, to the best of his/her knowledge and belief, the information contained in the Wisconsin TRAVEL Stimulus Grant Program Application, including all attestations and attachments, is true, accurate and complete. The undersigned has authority to make the above attestations and the intent and legal authorization to agree to them on the organization's behalf.

Signature: _____

Date: _____

Name: _____

Title: _____

Phone: _____

Email: _____

Note: If more than one authorized representative is required to sign the application, copy this page and submit a signed certification from each representative.