

Anchor Tourism Stabilization Grant Program Application

1. Legal Name:
2. Address:
3. Authorizing Official's Name:
4. Title:
5. Contact email:
6. Contact phone:
7. Alternate contact name:
8. Alternate contact email:
9. Is your organization recognized as a 501(c) organization? Yes No
(Please provide your Articles of Organization.)
10. Is your organization in Good Standing with the State of Maryland? Yes No
11. Does your organization have a tourism-related focus? Yes No
If yes, what is your organization's Mission Statement?

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12. Please select the range that represents your organization's annual cash operating budget or income (not capital or restricted funds) prior to the COVID-19 pandemic:

- _____ Less than \$100,000
- _____ \$101,000 - \$250,000
- _____ \$251,000 - \$500,000
- _____ \$500,001 - \$1,000,000
- _____ \$1,000,001 - \$2,000,000
- _____ \$2,000,001 - \$3,000,000
- _____ \$3,000,001 and over

(Please provide a copy of your Annual 2019 Profit & Loss statement (or equivalent) to confirm your annual operating budget.)

13. Please indicate the type (capital, operating, etc.), amount and source of financial support you receive annually from public government sources (this may include a subsidized ground or facility lease).

	<u>Type of funding:</u>	<u>Amount of funding:</u>	<u>Public source:</u>
Example:	Operating	\$200,000	Montgomery County

14. Please indicate the number of visitors your facility received in (eligible applicants must receive a minimum of 25,000 visitors annually):

2019: _____

2018: _____

You must provide official organization documentation (annual report, brochure, website, etc.) that verifies the number of annual visitors to your facility as reported to your public funding source(s).

15. What date was your facility required to close to the public or substantially reduce operations as a result of State and/or County orders related to the COVID-19 public health pandemic? Date: mm/dd/yyyy

a. Is your facility still closed or substantially closed to the public? Yes No

b. Compared to pre-COVID levels, at what percentage do you estimate your facility is currently operational?

0-25% _____ 26-50% _____ 51-75% _____ 76-100% _____

16. In order to demonstrate your organization's loss in revenue due to the COVID-19 health pandemic, please provide April – June Quarterly Financial Statements for 2019 (2019 Calendar Year Q2) AND April – June Quarterly Financial statements for 2020 (2020 Calendar Year Q2).

2019 2nd Quarter Total Operating Income: \$ _____

2020 2nd Quarter Total Operating Income: \$ _____

NOTE: Any private business information is kept confidential. If you are awarded a grant from the County, the fact that you received a grant and the amount received become public information.

By typing your name below and submitting this application, you certify under penalty of perjury that this application and all other information furnished now or in the future to Montgomery County are and shall be true and complete, and that you have not nor will not use other County grant monies to cover the costs for the same reimbursable expenses for which you are requesting a Tourism Stabilization grant.

If this application is approved and a grant is awarded through the Tourism Stabilization grant program, this application then acts as the grant agreement between the applicant and the County. By clicking below, you then consent to all [General Terms & Conditions in AP 2-4](#), except for the insurance requirements under Section 19.

_____ Yes, I agree

Name/Signature of Authorizing Official:

Name of Applicant Organization:

Please save this document and submit via email the following required documents to TourismGrant@montgomerycountymd.gov:

- This completed, signed application form
- Articles of Organization
- Documentation confirming Annual Visitor numbers (i.e. brochure, annual report, webpage, etc. confirming visitation numbers as reported to MD Arts Council, Montgomery County or other funding agency)
- 2019 Annual Profit & Loss Statement (or equivalent)
- 2019 AND 2020 Q2 (April – June) Quarterly Financial Statements