

2025 TOURISM ASSET DEVELOPMENT (TAD) GRANT APPLICATION GUIDELINES

The TAD Grant Program is funded by county and state lodging taxes and managed by the Lander Chamber of Commerce on behalf of the City of Lander in partnership with the Wind River Visitors Council. The purpose of the program is to support the development of events, programs, and sites that attract overnight visitors to Lander. Applicants may apply for any amount up to \$1,000.

Applications will be assessed by the Lander Chamber of Commerce's Destination Lander Committee on a program's ability to provide a direct benefit to the Lander area tourism economy. <u>Priority will be given to programs that develop</u> Lander's tourism assets and attract outside visitors to Lander for an overnight stay.

DEFINITIONS:

- 1. "TAD" means Tourism Asset Development.
- 2. "Tourism Group" means any non-profit organization established for the primary purpose of promoting tourism resources and facilities in the Lander area.
- 3. "Program Director" means one who assumes responsibility for the organization's program/project/event.

ELIGIBILITY

Those eligible to apply for a TAD Grant are tourist/tourism-related non-profit civic organizations and government entities for the purpose of developing tourism assets in the Lander area. Businesses and private individuals are ineligible. All requests require submission of the appropriate application materials and all awarded grants require the approval of the Destination Lander Committee. Questions may directed to info@landerchamber.org or 307-332-3892 x2.

SPECIFIC GUIDELINES

- 1. **APPLICATION DUE DATE:** Applications must be submitted to the Lander Chamber of Commerce by **Friday**, **February 28, 2025** for programs to be <u>completed in 2025</u>.
- 2. **ACKNOWLEDGEMENT:** Any event, program, or publication (digital or print ad, brochure, rack card, banner, etc.) funded by a TAD Grant must credit <u>both</u> the Lander Chamber using the TAD logo above (left) <u>and</u> the Wind River Visitors Council logo (right). **Failure to do so may result in grant forfeiture** and the approved grant amount reverting back to the TAD Grant general fund.
- 3. **RIGHT to INSPECT:** The Lander Chamber of Commerce reserves the right to inspect, at any time, the records (specifically related to the grant) of the tourism group for purposes of audit.
- 4. The Lander Chamber of Commerce reserves the right to reimburse at less than the authorized grant amount if documented expenditures are less than what was originally proposed.
- 5. **COMPLETION and REPORTING DEADLINES:** Each approved program will have established a program completion date within **60 DAYS** of which a final fiscal report must be submitted to the Lander Chamber of Commerce. **Failure to submit a fiscal report within the specified time frame may result in grant forfeiture.** Exceptions to the 60 day deadline will be reviewed on a case-by-case basis.
- 6. **REIMBURSEMENT:** Upon completion of the program, the program director must submit the following:
 - A final narrative report indicating the overall success of the program
 - Request for payment form
 - Copies of all paid invoices pertinent to the grant request
 - A Fiscal Year budget of the organization
- 7. **FINAL AUDIT and PAYMENT:** Lander Chamber of Commerce staff will review and evaluate each final report and determine its compliance with the approved contract.

SUBMISSION INFORMATION (electronic submission preferred) info@landerchamber.org

Download and complete this fillable PDF application, sign digitally or with ink, save or scan, and email to the above email address or mail or deliver to the Lander Chamber of Commerce at 100 N 1st St, Lander WY 82520.

2025 TOURISM ASSET DEVELOPMENT



	(TAD) GRANT APPLICATION
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Lander COUNTRY	Organization:			
Chamber of Commerce TOURISM ASSET DEVELOPMENT	Program Contact:			
DEVELOPMENT •	Program Director:			
Mailing Address:				
Phone:	Emai	l:		
Program Title:				
Program Start Date:		Program Completion Date:		
Dollar Amount Requested:		Total Program Budget:		
Estimated # of Attendees (if applicable):		Estimated Nightly # of Hotel Sta	ays:	
Requesting funds from other source	es?	Total amount of other funds requeste	ed:	
From what other sources have you	requested funding?			
Please indicate for what the TAD G	rant will be used:			
Promotional materials	Social media	Other (please specify):		
Television or radio advertising	Promotion of to	urs		
Printed advertising	Staging of event	S		
Digital content	Educational ma	terials		
Are you a non-profit organization?	(For-profit business	es are not eligible for TAD Grants.)	Yes	No
		eact on tourism in Lander? What area(ecary)



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DEVELOPMENT	
Continued from previous page: Is this a new programmer? What area(s), attraction(s), activity(ies), a	ram? If not, what is its history and impact on tourism in and /or event(s) will this program promote?
Check here to acknowledge that you have included a d	etailed budget showing expenses and revenues.
I understand this document in its entirety. In addition,	presenting a non-profit organization or government and that, I agree that if funded, the program/event will recognize the ors Council. This includes use of the two logos above on all cable website(s). Verbal recognition is also required if
Program Director Signature:	Date:

"The Wind River Visitors Council's mission is to stimulate tourism by increasing awareness of, and encouraging visitation to, the unique destinations, activities, and events in Wyoming's Wind River Country."

Once completed, you may sign electronically and download to your computer. Alternatively, you may print to sign

normally. Email your saved or scanned document to info@landerchamber.org.



2025 TOURISM ASSET DEVELOPMENT (TAD) **GRANT REQUEST FOR PAYMENT**

WIND	
Lander COUNTRY	Organization:
Chamber of Commerce COURISM ASSET DEVELOPMENT	Contact:
	Program Director:
Mailing Address:	
Phone:	Email:
Program Title:	
Program Start Date:	Program Completion Date:
Program Total Budget:	
 Detailed budget indicating ex Copies of all paid invoices, re Proof of program completion screenshots, etc.) 	
	r c
Total Expenses (invoices attached).	
Total Income	\$
I certify, under penalty of perjury, t	hat the final report and its attachments are correct and just in all respects.
Signature of Program Director:	Date:

Once completed, you may sign electronically and download to your computer. Alternatively, you may print to sign normally. Email your saved or scanned document to info@landerchamber.org.

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