



## LIVINGSTON TOURISM BUSINESS IMPROVEMENT DISTRICT (TBID) PROJECT FUNDING APPLICATION

TBID's mission is **“to enhance the economic vitality of Livingston by generating room nights for the city's lodging facilities through effective sales and marketing strategies, building collaborative partnerships and promoting Livingston as a year-round visitor, convention, and event destination.”** The Livingston TBID is directed by a Board of Directors representing lodging and funded by a \$2 per room night flat fee paid by guests at lodging facilities within Livingston City limits. Funding is dedicated to bringing international, national, regional & repeat visitors to Livingston hotels/motels, especially in the cooler weather shoulder seasons.

### Requirements:

- The project supports generating hotel-motel room nights in the City of Livingston or demonstrably enhance the visitor experience, encouraging return visitors.
- The project must be appropriate for a wide audience (i.e. no political candidate promotion), comply with local public health and safety regulations, and may not discriminate based on race, gender, sexual orientation, or religion.
- A detailed project budget, including income and expenses, and a post-event report are required.
- Marketing includes: TBID logo, TBID support cited, [explorelivingstonmt.com](http://explorelivingstonmt.com), the words Livingston, Montana.

### Process:

**A. Submit: 1) Project funding application 2) Project budget** with all income and expenses  
**3) Supporting documents** (business plan, marketing plan, organization annual budget, ad materials, etc.)

**B. Project funding application timeline:** will be reviewed by the Livingston TBID at bi-monthly meetings the 3rd Tuesday of each month so applications can be submitted at any time and will be reviewed at the following Board meeting.

**C. Projects awarded must provide a follow up report** with receipts when appropriate, project outcome measures of success and samples of marketing assets as appropriate a month after completion of the project. **Failure to do so will disqualify the organization from future funding.**

*Failure to comply with criteria listed may require full repayment by the awarded organization of the grant. Regulations and policies of grants are at the sole discretion of the TBID Board.*



## **TBID PROJECT FUNDING APPLICATION**

### **GENERAL INFORMATION**

Name of Organization:

Address:

Phone Number:

Email:

Name of Contact:

Position of Contact:

Phone Number: (If different from org)

Email: (If different from org)

Title of Project:

Timeline of Project:

Location of Project, if relevant:

Amount of Funding Requested:

Date Funds are needed:

Matching Funds (if applicable):

Total Budget:

**SUMMARY OF PROJECT AND HOW FUNDS WILL BE USED**

Please describe the project scope, goals, measurements of success and how the proposed funding would be used.

**LODGING FACILITY IMPACT**

Explain how this project will support generating hotel-motel room nights in the City of Livingston or demonstrably enhance the visitor experience.

**ORGANIZATION OVERVIEW**

Please give a brief history of your organization and your assets or experience that will help make this project a success.

**CHALLENGES AND OPPORTUNITIES**

What challenges may your organization face with this project and what opportunities may help it be successful?

**OTHER QUESTIONS:**

Has this project been implemented in Livingston before, if so, when and was it successful?

Are you aware of other examples in Montana of this project that can be used as a model?

What could cancel the project, and what would you do if so?

List the primary organizations you are partnering with or that will benefit from on this project:

**ADDITIONAL COMMENTS**

Please provide any other comments that should be considered.

**Send application, budget, supporting documents, and follow up report via email to [info@explorelivingstonmt.com](mailto:info@explorelivingstonmt.com) or mail to: TBID, PO Box 348, Livingston, MT 59047**