



Performance Grant Application

PLEASE PRINT OR TYPE APPLICATION

Direct Grant:

Matching Grant:

Event or Project Title: _____

Name of Organization: _____

Contact Person: _____

Person completing Application: _____

Date of Application: ____/____/____
month date year

Non-Profit Organization: Yes No

Mailing Address: _____

City: _____ State: _____ Zip: _____ - _____

Phone: Number: (____) _____ FAX Number: (____) _____

E-mail address: _____

Date of project event (give specific date if applicable): ____/____/____ to ____/____/____

Term of Project requested: 1 year 2 year

Start date: ____/____/____
month day year

Completion date: ____/____/____
month day year

Federal Employer Identification Number: ____ - ____ - ____ - ____ - ____

Have you submitted an application for this project before? No Yes: when: ____/____/____
date

Have you been awarded grant funds for this project before? No Yes: when: ____/____/____
Date

If yes, what was the amount of the last grant? _____

Total Cost of this Project: \$ _____

Total Amount of Funds Requested for this Project: \$ _____

Capability Standard: Adherence to Law

In determining whether the Project will attract visitors to the State, bring in overnight business to the State and increase the value and visibility of the State’s tourism product., the Applicant shall demonstrate to DTO that the Applicant has the capability to operate and maintain such Project efficiently and that the Applicant has not been convicted of a major labor law violation or of a violation involving moral turpitude by any agency or court of the federal government or agency or court of any state in the 2-year period immediately prior to the approval of the Applicant’s Application. In this regard, DTO may, in its sole discretion, rely on a sworn affidavit of the Applicant or an officer of the Applicant or an opinion of counsel of the Applicant to such effect. If an Applicant has been convicted of such a violation, DTO, in its sole discretion, may decline to consider the Application. If requested by DTO, similar proof shall be obtained from any operator or principal user of the Project.

Additional Required attachments: (Must be completed and attached to all applications)

1. Certificate of Non-profit status which includes letter from IRS (if applicable)
2. Completed W9 tax information on line at:

<https://dew9.accounting.delaware.gov/accounting/w-9.nsf/w9!OpenForm>

Signature

Date