

Town of Crested Butte  
PO Box 39, Crested Butte, CO 81224  
Phone 970-349-5338 Fax 970-349-6626

Town of Mt Crested Butte  
PO Box 5800, Mt. Crested Butte, CO 81225  
Phone 970-349-6339 Fax 970-349-6326

# 2012-13 Growing Winter Project Grant Program

## **Grow Winter Program Background**

### **KEY OBJECTIVES**

- Increase visitors
- Keep visitors in town longer (increase length of stay)
- Encourage visitors to spend more while they are here (increase per visitor spend)

### **Hints for completing your Grant request (see application):**

Fill in the blanks completely and legibly, main contact person name, e-mail address, etc.

Total amount in dollars of amount requested.

Latest date applicant must have funds.

A detailed budget of how the funds will be used. (This can be attached separately with the total dollar figure listed on the application.)

A Broad outline of the applicant's marketing sales annual budget; this information will be confidential for the committee's use only and will not be revealed in a public meeting.

The Towns would like to see how the requested funds fit into the applicants marketing budget. The applicant should be putting some of their own funds into the program that the Grow Winter Program funds will be supporting.

A detailed outline that must include the following information but is not limited to just this information:

- A) Outline in words and/or a map with the geographic and demographic market the program is directed toward.
- B) Define the tools the applicant will use to measure the response to the program. Accountability will be a requirement for the usage of funds requested.
- C) Outline all types of media that will be used in the applicant's program and the percentage of funds to be used in each type of media.

The date the applicant's business was established.

The applicant will be required to present a report on how the program is progressing through the life of the program and a final report on the overall outcome of the event. The report will need to include such items as the gross revenue generated by the program, number of people, room nights, tax revenue, etc. generated by the marketing program.

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## **2012-13**

### **GROWING WINTER PROGRAM GRANT APPLICATION**

Please review carefully all of the information listed on this application. (Please print or type so application is legible.) Attach any additional sheets as necessary.

Applicant Name: \_\_\_\_\_

Mailing  
Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Owner/Contact name: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Amount Requested: \_\_\_\_\_ Date Funds Required: \_\_\_\_\_

Program Budget: \_\_\_\_\_ Current Annual Marketing/Sales Budget: \_\_\_\_\_

Purpose of Request (desired Effect):

a) Target Market (geographic and demographic):

\_\_\_\_\_

b) Tracking: \_\_\_\_\_

c) Media Type: (i.e. print, phone, e-mail, Radio, TV etc.)

Follow up dates for update to Town Councils: \_\_\_\_\_

**\* Deadline – Friday, January 4, 2013 to either Town Hall**

Date Company Established: \_\_\_\_\_

Summary :

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Affidavit of Compliance: I hereby swear that the foregoing information is true and correct to the best of my knowledge.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date