



Ross-Chillicothe Convention and Visitors Bureau Grant Assistance Program (GAP)

“Filling in the GAPs”

PURPOSE

The purpose of the Ross-Chillicothe CVB's Grant Assistance Program is to provide GAP funding to organizations, attractions, and events in the Chillicothe and Ross County area for promotion of an event or program. Through this program, the Ross-Chillicothe CVB can participate in the community by aiding eligible candidates and provide an avenue for the organizers of events to promote the activity thus increasing awareness and potential for tourism visitation.

Goals of the Grant Assistance Program:

- Increase overnight stays in Ross County
- Promote a positive image and increased visibility of Ross County's attractions
- Increase expenditures by visitors to Ross County
- Provide programs & activities beneficial to drawing additional tourists from 100+ mile radius
- Feature new or expanded events and programs

REQUIREMENTS/GUIDELINES

The following requirements must be met to apply/receive assistance from the program. Organizations, attractions, or individual special events who do not comply with these requirements may not be considered or receive grant assistance:

1. Any non-profit/profit attraction, or special event may apply for assistance if the emphasis of the program is to increase tourism, by way of promotion, in and around the county. It is the responsibility of the non-profit/profit organization, attraction, or event to state how it will result in a visitor staying overnight or extending their stay in Ross County and increase spending in all facets of the tourism industry. It must also state how the event will promote a positive image and increased visibility of the region's attractions, culture, and heritage.
2. A completed application along with any relevant, supporting documentation must be submitted on or before the date of the deadline. Applications received after this date will not be considered in the program.
3. Complete event information must be provided to the Ross-Chillicothe Convention & Visitors Bureau to promote the event and provide information to potential visitors.
4. A designated member of the event organization must sign for the monies received. Grant award recipients will be given funds at the annual Tourism Banquet on the first Monday in May. A designated member must be present at the Banquet to receive funds. There is no cost to the individual/organization to attend the banquet. Advance registration is required.
5. All grant recipients must credit the Ross-Chillicothe Convention & Visitors Bureau for their support by using the Bureau's logo and website address. Printed materials and media should use the copy "Supported by a grant through the Ross-Chillicothe Convention & Visitors Bureau."

6. A post event survey must be returned to the Bureau within thirty (30) days of the close of the event.

USE/RESTRICTIONS OF FUNDS

- Funding may be requested for:
 - Marketing, promotion, and advertising expenses
 - Entertainment fees – qualifying entertainment must be added that would extend or enhance the event.
 - Printing of event brochures for fulfillment and distribution reach beyond a 100-mile radius.
- Funding restrictions
 - Funding may not be used for administrative, equipment, capital improvements or space costs.
 - Funding will not be awarded for more than 50% of the overall budget.
 - Previous grant recipients must have submitted a Post Event Survey to the Bureau before being eligible for another grant.

Failure to follow the Requirements/Guidelines and Use/Restrictions of Funds may result in application ineligibility, return of awarded funds, and/or ineligibility for participation in future grant cycles.

AVAILABLE ASSISTANCE

Organizations may apply once during the Ross-Chillicothe Convention and Visitors Bureau fiscal year. Due to the need of many of our tourism partners, the Ross-Chillicothe Convention and Visitors Bureau reserves the right to determine the amount of assistance provided. The total of the Bureau's Grant Assistance Program's budget is \$25,000 for 2026.

APPLICATION PROCESS

Applications must be received by **3:00PM on March 16, 2026**. This program is based on need and the amount of assistance available in a fiscal year. Assistance requests must be made in advance of the date of the event.

Applications packets are reviewed by the Grant Assistance Program (GAP) Committee and presented to the Ross-Chillicothe Convention & Visitors Bureau's Board of Directors for final funding decisions. Decisions made by the Board of Directors are final.

The Ross-Chillicothe Convention and Visitors Bureau reserve the right to change or amend this program without notice.



Ross-Chillicothe Convention & Visitors Bureau Grant Assistance Program

Section 1: General Application Information

ORGANIZATION & EVENT /PROGRAM		
CONTACT PERSON (Name and Title)		
ADDRESS		
CITY	STATE	ZIP
PHONE		FAX
E-MAIL		TAX I.D. #
SIGNATURE		DATE

Section 2: Application Information (Attach additional sheets as needed.)

AMOUNT APPLYING FOR:
PROGRAM/EVENT TITLE AND NARRATIVE DESCRIPTION:
HOW WILL THIS GAP FUNDING BE UTILIZED?
HOW WILL THIS FUNDING DRIVE OVERNIGHT STAYS?

If applicable, how will flyers, posters, and/or brochures be distributed?

Explain how & where the Ross-Chillicothe CVB would be credited for its contributions if this event/program were to receive funds:

Is there a mailing list that will be used for distribution of printed information? yes no If yes, how many names are on the list(s)?

If applicable, how has marketing been done for event/program in the past? (Include samples of past publicity, brochures, etc.)

What geographical area(s) will be targeted?

BUDGET

Provide an itemized list of what will be purchased (and cost) with support from the Ross-Chillicothe CVB. Be as specific as possible. NOTE: The total project may be any amount, but the Bureau's Program budget is \$25,000 and has the right to determine the amount granted.

Descriptions of requested item(s)	Estimated Cost \$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
Total Cost:	\$

AMOUNT REQUESTED FROM THE ROSS-CHILlicothe CVB: \$_____

Signature of Fiscal Agent: _____ Date: _____