

**Department of Tourism
Matching Dollar Challenge Program Application
Version 02.14.11**

Please review the project requirements of the Matching Dollar Challenge Program in advance of completing this document.

Please send completed applications and proposals to:

Brad Lemmel, Grant Facilitator
Matching Dollar Challenge Program
South Dakota Office of Tourism
711 E. Wells Avenue
Pierre, SD 57501
email: bradley.lemmel@state.sd.us

SECTION 1: Applicant Information

Name of Primary Contact: _____

Name of Project: _____

Address/City/State/Zip Code: _____

Telephone: _____

Email Address: _____

Please list other Challenge Partners. Include Name of Individual or Organization and other primary contact information.

SECTION 2: Matching Funds Information

Matching Funds Amount Requested: \$ _____

Estimated Total Cost of Project: \$ _____

Estimated Total Matching Fund Contribution(s) \$ _____

A. Please explain, in detail, how the Estimated Total Matching Fund Contributions from your organization and/or Challenge Partners have been raised specifically for this effort.

SECTION 3: Project Proposal

Pease attach a project proposal outlining the following issues:

- Project mission and goals;
 - Anticipated results and intended impact on visitor industry;
 - Description of how the project will be measured to determine success;
 - Marketing strategy and/or tactics;
 - Proposed project budget.
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