



**CITY OF FORT LAUDERDALE
GRANT PRE-APPLICATION FORM**

GRANT PROGRAM INFORMATION

Grant Agency:	<input type="text" value="Broward County"/>
Grant Program Title	<input type="text" value="Cultural Tourism Program (CTP)"/>
Grant Period:	<input type="text" value="October 2014 -- September 2015"/>
Grant Due Date:	<input type="text" value="January 25, 2014"/>
Grant Website:	<input type="text" value="www.Broward.org/arts"/>
Grantor Contact:	<input type="text" value="James Shermer, Grants Administrator"/>
Address:	<input type="text" value="100 South Andrews Ave., Ft Lauderdale"/>
Phone:	<input type="text" value="954-357-7502"/>
Fax:	<input type="text"/>
Email:	<input type="text" value="ishermer@broward.org"/>

PROJECT INFORMATION

Project Title:	<input type="text" value="Memorial Day Weekend Beach Activities"/>
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Brief Project Summary:

The CTP grant projects must contain a tourist-related component that will contribute to the cultural development of Broward County and enhance its reputation as a tourist destination. Funds will be used to support marketing of the 2015 Memorial Day Weekend beach activities.

Grant Amount Requested:	\$	<input type="text" value="20.000"/>
Match Amount and Source:	\$	<input type="text" value="20.000"/>
Grant Project Budget:	\$	<input type="text" value="40.000"/>

**Proposed Grant Budget
by Line Item:**

Revenue	Expenses
\$ 20,000	\$ 40,000
\$ 20,000	\$
\$	\$

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Major Conditions and Deliverables:

The grant may fund projects, festivals, exhibitions, performances, and other cultural activities including marketing to attract tourists. CTP grant funds will be used to support marketing-related activities.

Project Manager:

Other department(s) impacted by grant:

Has the City received this grant in the past? Year: 2013 Amount:\$ 20,000
Yes No

Originating Department Comments:

Staff has confirmed with James Shermer, Grants Administrator with the Broward Cultural Division, that there will not be a special audit requirement for this grant.

Prepared by:

Approved by (Department Director):

GRANT PRE-APPLICATION FORM

DEPARTMENT REVIEW/APPROVAL

Budget Division Comments:

Signature:

Date:

Grants Administration Comments:

Signature:

Date:

City Manager Comments:

Signature:

Date:

Other Department (as determined necessary):

Signature:

Date: