Application for Swansboro Tourism Promotion Fund Assistance The Swansboro Tourism Development Authority (STDA) is interested in assisting new events that bring revenue and overnight stays to strengthen and build Swansboro as a destination. While the STDA will carefully review every grant application each year, we strongly recommend that each applicant's goal should be to becoming self-sustaining.

Section 1. Applicant Information & Summary

Full Legal Name of Applicant Organization:

Swansboro Historical Association	n, Inc.		
Name of Event, Activity or Project to be Funded*			
Swansboro Historic Homes Tour			
Is Applicant a 501c3? *	∗ Is Applicant Tax Exempt? X Yes O No		
Application Contact Person* Amelia Dees-Killette *		Title* President, SHA	
PO Box 1574 Mailing Address City		State*	Zip Code
Swansboro		N.C.	28584
Primary Phone 910-467-5875 Date or Dates of Activity or Project 4/26/20244/27/2024	Alternate Phone	Amount Requested	Email Address sahc502@gmail.com
Notes Organization refers to the applicant or operating entity and Activity is used to reflect a program, project, activity, festiva Dates: Because this application covers a time longer than o	al, or event for which funding is	being sought. The applicant m	
list the dates for both if available. An attachment may be provided in lieu of using the space	provided in the application. Th	e attachment must reference	e the specific section being referenced, be in order
behind the signature page and the section being answered i Only this application and approved attachments should			Linas Deell plovided.
Section 2. Organization Information			

What is the purpose of the Organization?

Our mission is to encourage and promote Swansboro, and its adjacent waterways, t Please limit to 3 lines of text	public knowledge of, and interest in the histo hrough education and preservation.	ry and culture of all the peoples of
Number of years organization has been in business,	Number of years organization has operated as IRS tax exempt	Does the Qrganization have a Board of Directors?
⁶¹ *See attachment for Section 2	61	Yes

membership elicits the baard and offices. By laws changes are approved by the general membership. The baard approves who will administer these heads. Weaks that is this Section 3. Decisiour of Potential Conflict of Intervest Section 3. Decisiour depreterse, employees, or staff of the organization that will be carrying out this activity, or members of their immediate familits or their baard administrators Section 4. Town of Swanshoro to related to an employee of the Town of Swanshoro Section 5. Decisiour and the activity for which funds are requested? Section 4. Organization definitions Section 4. Organization Section 4. Sec	than 9 members. The president is a member of the board but	cannot be the	chairman of the board. T	
Section 3. Disclosure of Patential Conflict of Internal Are any of the Board Members, employees, or staff of the organization that will be carrying out this activity, or members of their immediate familie of their business associates: Employees of the Town of Swansboro or related to an employee of the Town of Swansboro Wembers or related to members of Swansboro Tourism Development Authority? Wembers or related to members of Swansboro Tourism Development Authority? Wembers or related to members of Swansboro Tourism Development Authority? Wembers or related to members of Swansboro Tourism Development Authority? Wembers or related to members of Swansboro Tourism Development Authority? Wembers or gloods or services to the activity or having other financial interest in the activity? We a Sto Pater providers of goods or services to the activity or having other financial interest in the activity? We a Sto Pater of the Board-Or Cloins Sanders Phone Enal Sto Administrators Phone Phone Final Sto Administrator Phone Final Sto Addinistrator Phone Final Sto Addinistrator CoeSectavity Crud Studies Autority Crud Studies Autor at Phone Final		are approved b	by the general members	hip. The board approves who will administer these
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Amelia Dees-Killette-President of the SHA and board member Phone Alternate Phone Email				
	Primary Responsible Person			
910-467-5875 910-467-6492 swansborohistory@gmail.com				
	Amelia Dees-Killette-President of the SHA and board member			Email

Chief Financial Contact for matters related to this activity	
Amelia Dees-Killette	
Phone	Email
910-467-5875	swansborohistory@gmail.com
Note if any	
alternate contact: Allyson Roberts 910-548-0439 allyson.roberts61@gmail.com	
Any Other Administrator responsible for this activity	Title
Phone	Email
Note if any	
Section 6. Nature of the Activity	
What is the purpose of the activity?	
To open the historic homes of Swansboro in order to share the history of the and background of Swansboro.	area so that all can have a better understanding of the history
* Is this a fundraiser for the organization?	* Is admission or a fee charged?
X Yes	X Yes
⊖ No	○ No
This does not disqualify the activity for funding	
What is the target audience for the event?	
Tourists and visitors, potential SHA members from out of town, and	I the community at large.
Section 7. Organizational Capacity	

Briefly describe the competency of the organization and staff to perform this activity and to provide responsible management. Has this organization or staff members been in direct leadership of this event or similar events before? If this activity has occurred in the last two years, please briefly summarize any organizational leadership changes as well as lessons learned/challenges from the event in those years and what the organization and/or staff intends to do differently to improve the activity in previous years.

The organization has managed the funding for marketing from the TDA in the past. We had a balance which went back into the fund in the summer of 2022. Hurricane Florence and the Covid 19 shutdowns interrupted our programs, including the homes tour and museum hours. We are requesting funds to assist us with bringing the popular historic homes tour back to the town. We feel that this event is for local community members and out of town guests as well. We know that other local towns showcase their history and downtown through a homes tour and feel as if this event is important for increasing tourism and highlighting the historical significance of Swansboro.

Section 8. Activity Information

Simply and clearly explain and describe the activity in sufficient detail so that the Authority knows what is to occur. Attach additional sheets, if necessary, but a concise narrative is highly desired. Report any contingency plans if the activity is weather dependent. Please attach and label as "Activity Information" and this section number.

The funding will go first for marketing the event to include posters, rack cards and advertising through local and statewide publications. Funding will also be used for signage at each home and printing tickets. In addition, funding will be used to help provide a thank-you reception for the home owners the evening prior to the tour. Without their hospitality and generosity in opening up their homes we could not have a homes tour.

Section 9. Activity Timeline Detail

Provide a Detailed timeline for the activity. Provide information on any organizational meetings, planning meetings or key milestones. Give specific information about when sponsor solicitation would occur, when promotion would begin, when funding might be needed from the Authority if approved and any contingency plans if the activity is weather dependent. If this even has occurred last year and was funded by the STDA please attached the actual detailed timeline from that activity. The Authority is interested in evaluating when expenditures would need to be made, the time needed for lead-up expenditures to the event, and whether marketing is a blast type activity or something more institutional.

The marketing funds for posters, pamphlets, rack cards will be used beginning in January so that the event can be advertised in a timely manner. Signage will be purchased for outside each home that will be used the day of the event so that each home is clearly marked for visitors. The reception for homeowners will be held the night prior, April 26, 2024 at the Heritage Center. The committee for the homes tour has been meeting regularly and will meet monthly starting in December 2023 to ensure that the tour is advertised and organized to welcome local and out of town visitors for this popular event. The committee has already solicited a local artist to complete a painting of one of the homes to be used on our advertising. The committee is also actively recruiting a large group of volunteers to assist with ticketing and to act as docents in each home.

If the Activity has occurred in the past, describe the promotional or marketing activity that has been used. If the Activity has not yet occurred, describe the promotional activity that the organization seeks to have for the Activity.

The homes tour has not been held for several years due to the damage inflicted on the town from hurricane Florence and the shut down from COVID. However, in the past, we have used the website, posters, rack cards, and banners for marketing the the homes tour. We will also be marketing the tour in local and statewide media and publications.

Section 11. Summary of sources and amounts of funding for the activity for the past five years If your activity does not have a past history, then only include the budget numbers for current FY.

What constitutes your fiscal year?	See attachment for parts	s of sections 11, 12, and 13	
State 5 years previous	State 4 years previous	State 3 years previous	State 2 years previous
State 1-year previous	State Current Budget		
County 5 years previous Actual County 1-year previous	County 4 years previous Actual County Current	County 3 years previous	County 2 years previous
Estimated Authority 5 years previous Actual Authority 1-year previous	Budget Authority 4 years previous Actual Authority Current	Authority 3 years previous	Authority 2 years previous
Cther 5 years previous	Other 4 years previous	Other 3 years previous	Other 2 years previous
Other 1 year previous	Other Current		
Activity 5 years previous Actual Activity 1-year previous Estimated	Activity 4 years previous Actual Activity Current Budget	Activity 3 years previous	Activity 2 years previous
Total 5 years previous	Total 4 years previous	Total 3 years previous	Total 2 years previous Actual 4 of 8

Total 1-year previous	Total Current		
Estimated	Budget		
Varrative			
Our 501c3 non-profit funded	some of the marketing and all of TDA but as noted above, 2018-2	the online membership expenses f 2019 and 2020-2021 have limited e	or the last five years. xpenditures due to a
	ight for current year from other ontiti	es including whether an application is t	poing made to Opslow County Tou
None	ugni for current year from other endu		
If your activity does not have a past h estimates of expenditures can be use		s. See attachment. numbers for current FY. These are bro	ad categories and rounded
What constitutes your fiscal year?			
5 years previous Salaries & Benefits	4 years previous Salaries & Benefits	3 years previous Salaries & Benefits	2 years previous Salaries & Benefi
Actual	Actual	Actual	Actual
1-year previous Salaries & Benefits	Current Salaries & Benefits		
Estimated	Budget		
5 years previous Promotion, Media, or Advertisements	4 years previous Promotion, Media, or Advertisements	3 years previous Promotion, Media, or Advertisements	2 years previous Promotion, Media, or Advertisements
Actual	Actual	Actual	Actual
1-year previous Promotion, Media or Advertisements	Current Promotion, Media, or Advertisements		
Estimated	Budget		
5 years previous Awards, Music, Performers, Art	4 years previous Awards, Music, Performers, Art	3 years previous Awards, Music, Performers, Art	2 years previous Awards, Music, Performers, Art
Actual	Actual	Actual	Actual
1-year previous Awards, Music, Performers, Art	Current Awards, Music, Performers, Art		
Estimated	Budget		
5 years previous Paymentsforlodging	4 years previous Paymentsfor lodging	3 years previous Paymentsforlodging	2 years previous Payments for lodging
Actual	Actual	Actual	Actual
1 year previous Payments for lodging	Current Paymentsforlodging		
Estimated	Budget		
5 years previous Any Other Expenses	4 years previous Any Other Expenses	3 years previous Any Other Expenses	2 years previous Any Other Expen

Actual

Actual

Actual

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Actual

	Current Any Other Expe						
Estimated	Budget						
5 years previous Total	4 years previous Total	3 yea	ars previous Total		2 years previous T	otal	_
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	Actual	Actual	I		Actual		
	Current Total Budget						
							_
Narrative: Describe any other funding pr information. All additional funding comes from	-			orecomplete	e understanding of	fthis]
Section 13. Activity Budget Detail Provide a Detailed budget for the activity administrative grant provide total operat preferable.							-
See attachment							
Please attach and label as "Detailed Budget" a	and this section number.						
Section 14. Tourism Related Impacts Please answer as completely as possible, but proposed.			te so. Unless otherwise s	stated, questio	ons refer to the FY16	Activity as	
Please answer as completely as possible, but	you hope that it will b O Hoped to be If checked, do	be?	⊖ One Ti	stated, questio me Activity	ons refer to the FY16	Activity as	
Please answer as completely as possible, but proposed. Is the Activity an annual event or do	you hope that it will b Hoped to be If checked, do Yes vo years, list the actua	pe? e Annual you plan to become self-s No I numbers next to estin	One Ti ustaining mated numbers for th	me Activity			*.
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only for this Activity)	1-year previous Paid persons as a result of this Activity (Not ordinarily on payroll, hired only for this Activity)	Current Paidpersons as a result of this Activity (Not ordinarily on payroll, hired only for this Activity)
Actual	Actual	Estimated
	/ lotual	
NA		
2 years previous Estimated volunteers to be involved in this Activity	1-year previousEstimated volunteers to be involved in this Activity	Current Estimated volunteers to be involved in this Activity
Actual narketing funding, etc. administration will inver- volunteers and paid private contractors.	Actual olve 2-5 people plus the SHA Board. All are v	Estimated volunteers. Graphic design, etc. will be a combina
2 years previous Estimated Value of Overnight	Stays from Previous Activity*	
NA	ab your ofter action report or the report abould be	mondod
In funded by the TDA, this number should matt	ch your after-action report, or the report should be a	amended.
Section 15. Tourism Development Plan		
A. Describe how the Activity will encourage per	sons to stay overnight in Swansboro lodging facilitie	es.
coastal towns and brings visitor	ent Authority. The homes tour is an e s from throughout the region to tour t urage return visits to the town and su	hese homes. This tour will expose
B. Describe the other tourism related impacts of	your activity to the Town of Swansboro.	
While in town for the tour, visitors businesses and generating an interview of the second sec	will likely visit local restaurants and s erest for a return visit to Swansboro	shops, supporting local
While in town for the tour, visitors businesses and generating an inte C. Have any partnerships been made or are plan	erest for a return visit to Swansboro	shops, supporting local
businesses and generating an inte	erest for a return visit to Swansboro	shops, supporting local
businesses and generating an inte	erest for a return visit to Swansboro	shops, supporting local
businesses and generating an inter- C. Have any partnerships been made or are plan	erest for a return visit to Swansboro	
businesses and generating an inter- C. Have any partnerships been made or are plan	nned with Swansboro lodging facilities?	
businesses and generating an interpretention C. Have any partnerships been made or are plan NA D. If you used a formula for any tourism related	nned with Swansboro lodging facilities?	

Does this Activity intend to use volunteers? $\bigotimes \mathsf{Yes}$ \bigcirc No

Section 17. Other Award Criteria Items

A. Does the Activity follow any of the goals adopted by Swansboro? This is not required but does add to the adopted criteria for consideration by the Authority. The goals are available by email or on the web.

See attachment for Section 17

B. Will the Activity be operated or performed in a manner that is consistent with standards for such activities?

C. Is there professional management or a demonstration of competence among the operators?

D. How does the involvement of the Authority or staff benefit this Activity?

Section 18. Certifications and Notices

Does the Organization agree to follow the financial guidelines of the Town of Swansboro, including no expenditures related to the grant before authorization? No payments will be made to the organization *

XYes

 \bigcirc No

Does the Organization agree to adhere to other provisions and conditions described in the Instructions for this application?

${\bf \widehat{X}}^{\sf Yes}$

⊖ No

I certify that I am authorized to sign for the organization and that the information provided, including attachments, is true and correct to the best of my knowledge. I further certify that the organization I am signing for has reviewed and will accept the terms of the provided instructions if funding is approved.

X Yes

Authorized Signer for Organization

Amelia Dees-Killette

I accept the conditions

* Indicates a required field

NOTES TO APPLICANT

- Applications may be submitted to:
 - Sonia Johnson, Finance Director Town of Swansboro 601 W. Corbett Ave.
 - Swansboro, NC 28584
- A representative of the applicant will be required to attend the Authority meeting at which the application is to be considered.
- For consideration, an applicant must submit an application at least 30 days prior to the next scheduled quarterly TDA meeting and grant awards will be awarded up to \$2,000 unless by special exception by the TDA. Applications received after 30 days prior to the next scheduled meeting will be considered the following quarter.
- Funding is normally provided on a reimbursement basis, based on submission of proper documentation of expenses incurred.
- The applicant hereby acknowledges receipt of the STDA Outside Organization Funding Policy and agrees to comply with all requirements of that policy, including those related to performance contracts, final reports, and accountability for funds use.