**DESTINATION IOWA**

**PRE-APPLICATION**



Pre-Application Deadline: January 31, 2024

Our organization has read the Program Guidelines and understands the goals of the Destination Iowa Fund:

[ ]  Yes [ ]  No

 Date Submitted: MM/DD/YY

**Name of Project**:

**Applicant Organization**:

*Owner/Operator of the amenity*

Organization Type: [ ]  City [ ]  County [ ]  Non-profit organization

Address:

City/State/Zip Code:

Contact Person/Title:

Telephone: (XXX) XXX-XXXX Email:

County: City Population:

Grant Request $XXX,XXX,XXX Total Project Budget $XXX,XXX,XXX

*Request to round to nearest 1,000 - Grant request and Total project budget should match the amounts shown in Budget Table*

Project Address (if different from above):

**Co-Applicant Organization**, if applicable:

Organization Type: [ ]  City [ ]  County [ ]  Non-Profit Organization

Address:

City/State/Zip Code:

Contact Person/Title:

Telephone: (XXX) XXX-XXXX Email:

What role does this organization play in the project?

*Co-owner? Fundraising Entity?*

**PROJECT DETAILS:**

Description of Destination:

*What is the Destination? Why is this considered a Primary Destination (see definition in Program Guidelines)?*

Description of Project:

*Describe the investment being made in vertical infrastructure, defined as construction or major renovation.*

|  |  |  |  |
| --- | --- | --- | --- |
| Budget Items  | Cost | Source | Amount |
| Real Estate Acquisition | $ | City  | $ |
| Site Preparation | $ | County | $ |
| Construction | $ | Private Fundraising | $ |
| Remodeling/Renovation | $ | State Grants | $ |
| Fixtures/Furniture/Equipment | $ | Grants | $ |
| Public Art & Landscaping | $ | Other, describe |  |
| Architectural/Engineering Design | $ |  |  |
| Construction Administration/Permits | $ |  |  |
| Funds Spent | ($ ) | Funds Spent | ($ ) |
|  |  | Subtotal  | $ |
|  |  | Destination Iowa Grant Request \* |  |
|  |  | Fundraising Gap |  |
| TOTAL PROJECT COSTS | **$** | **TOTAL FINANCING** | **$** |
| Percentage of Fundraising Complete*(subtotal/total project cost)* | % |  |

Budget:

Have you reached the 65% minimum fundraising threshold *(based on calculation above)*? [ ]  Yes [ ]  No

What is the timeline for the project?

*At minimum complete anticipated project milestones dates below. Please add additional milestones, as needed.*

|  |  |
| --- | --- |
| Project Milestone | Date |
| Completed Fundraising |  |
| Out to Bid |  |
| Under Construction Contract |  |
| Construction Start |  |
| Construction Completed |  |
|  |  |
|  |  |
|  |  |

Will this project require permitting or approval from Army Corps, State Historical Preservation Office (SHPO), or another outside organization?

**COMMUNITY PLAN:**

Does the community in which project is located have a formal community or vision plan? [ ]  Yes [ ]  No

If yes, how does this project fit into the vision plan? How was this vision plan developed?

If No, what community engagement or outreach has been conducted to understand the importance of this project to the community?

*Examples may include: community surveys and roundtables, local partnerships*

**ECONOMIC IMPACT:**

What is the anticipated number of visitors annually?

Who is the Targeted Visitor?

Where is the Targeted Visitor traveling from?

 [ ] Local (0-20 miles) [ ] Regional (20-75 miles) [ ] Statewide/National (75+ miles)

What study / data was collected to determine the Target Visitor and distance of travel?

What infrastructure currently exists to accommodate the anticipated visitors (i.e., lodging, transportation, restaurants)?

Using the table below, calculate the estimated Economic Impact based on estimated annual hotel stays as a result of the project at the Destination. \*ADR (Average Daily Rate) for 2022 in Iowa is $102.17

|  |  |  |
| --- | --- | --- |
| Annual Number of Hotel Rooms | Economic Impact \*$102.17 | Total Economic Impact |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | X $102.17 | = \_\_\_\_\_\_\_\_\_\_ |

Describe what assumptions were made when determining estimated annual number of hotel stays.

Outside of hotel stays, what additional development or economic impact is anticipated as a result of the completion of this project?

Will the facility be open and operational to the public year-round? [ ] Yes [ ] No

Who will operate and maintain the facility once constructed? What prior experience does entity have in operation and maintenance of like amenity?

What is the plan for the operation and maintenance of the facility?

*Will the project generate income? Will there be endowment funding? Will community be responsible for maintaining thru community revenues? If co-applicants, are agreements in place for operations and maintenance?*

**ATTACHMENTS:**

1. Documentation substantiating project funding.
	1. Documentation of financing:
		1. City/County: Resolution stating project and amount funded
		2. Private Donations: Completed Fundraising Spreadsheet
		3. Grants: Grant Award Letters
2. Detailed cost estimates from an engineer or architect developed within six-months from pre-application
3. Applicable maps or project renderings

**CERTIFICATION:**

1. In the last five years, have there been any judgments or court actions completed or are any judgments or court actions currently pending against the applicant entity?

[ ]  Yes [ ]  No   If yes, please explain.

2. In the last five years, has any current director or principal officer(s) been accused or convicted of any wrongdoing or crime in their capacity as director/principal officer?

[ ]  Yes [ ]  No   If yes, please explain

3. Have there been any current or past bankruptcies on the part of the applicant entity?

[ ]  Yes [ ]  No  If yes, please explain

4. In the last five years, have there been, or are there currently any investigations of potential violations of public health, safety or environmental laws by the applicant entity?

[ ]  Yes [ ]  No   If yes, please explain

I acknowledge that I have read and understand the application materials and Destination Iowa Fund Guidelines. I understand that all information submitted relating to this application is a public record. I certify that all representations, warranties, or statements made or furnished in connection with this application are true and correct in all material respects. I understand that it is a criminal violation under Iowa law to engage in deception and knowingly make, or cause to be made, directly or indirectly, a false statement in writing for procuring economic development assistance from a state agency or subdivision.

I understand that application is not a guarantee of funding and IEDA reserves the right to negotiate the financial assistance.

Signature of applicant certifying officer or individual:

 Date:

Signature of co-applicant certifying officer or individual:

 Date: