

Description

The Local Marketing Grant's purpose is to support local businesses in the development of a marketing plan and/or marketing materials that will support local COVID-19 recovery efforts and drive tourism by attracting visitors to the City, or enhancing the organizations digital presence.

Overall, the grant will allow business owners to enhance their marketing efforts or digital presence, which will drive cash flow to local businesses and accelerate economic recovery.

To be eligible for reimbursement, no work is to be performed until a Reimbursement Agreement is entered into with the City. Work that has commenced prior to City approval is not eligible for reimbursement.

Deadlines

Applications for the Local Marketing Grant will remain open until grant funding has been allocated.

Submission Information & Questions

Completed applications should be submitted to the program coordinator economicrecovery@cityofgp.com.

Any inquiries can also be made to the program coordinator at economicrecovery@cityofgp.com.

FOIP Act Policy

This information is being collected under the authority of Section 33(c) of the Freedom of Information and Protection of Privacy Act, RSA 2000, c. F-25, as amended from time to time, and will be used to administer the applications brought forward for consideration for the Local Marketing Grant. Basic information such as your business name may be used in materials that may either be distributed to the public or posted on our social media pages for promotional purposes. It is protected by the privacy provisions of the Freedom of Information and Protection of Privacy Act (FOIP Act). If you have any questions about the collection, use or disclosure of this information, contact the Manager, Economic Development at **780-357-4969** or ecdevinfo@cityofgp.com.

Clear Form

Print Form

General Information

Project Name	Date
Project Coordinator's Name	
Phone	Email
Proposed Start Date	Estimated Completion Date
Estimated Total Cost of Project	Requested Grant Amount
Is this a collaborative project?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Eligibility

Organization Name	
Mailing Address	
Phone	Email
Length of Time in Business	Number of Employees (including owner/proprietor)
How has your business been negatively impacted by COVID-19?	

Please list the current digital marketing tools utilized (e.g. Facebook, Instagram, etc.)

For collaborative projects, please complete the below information for collaborative partners:

Organization Name	
Mailing Address	
Phone	Email
Length of Time in Business	Number of Employees (including owner/proprietor)

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Eligibility

Has your business been financially impacted by COVID-19? If so, how much of a revenue reduction have you experienced over previous years?

Please list the current digital marketing tools utilized (e.g. Facebook, Instagram, etc.)

Organization Name

Mailing Address

Phone

Email

Length of Time in Business

Number of Employees
 (including owner/proprietor)

Has your business been financially impacted by COVID-19? If so, how much of a revenue reduction have you experienced over previous years?

Please list the current digital marketing tools utilized (e.g. Facebook, Instagram, etc.)

Project Description

Provide a description of the proposed project:

Provide a description of the anticipated outcome of the project:

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Applicant Checklist (In order for your application to be deemed complete you must submit the following)

Step 1 Completed Application Form

Please include the following as electronic attachments and email to economicrecovery@cityofgp.com

Step 2 Marketing Plan (if available)

Project Quotes – Two separate quotes that indicate the cost of the project. (NOTE: Reimbursement will be based on actual project costs)

Applicant Declaration

I understand that my submission of an application does not constitute a guarantee for funding under the Local Marketing Grant. I certify that all information is true and accurate to the best of my knowledge, and if approved, work will be completed in accordance with the terms and conditions of the Reimbursement Agreement entered into with the City of Grande Prairie.

Applicant Signature

Date

Name (please print)

For Office Use Only

Date/ Time Received

Details

Application Complete

Yes No

Date of Application Review

Amount of Grant

Decision

Approve Approve with Conditions Refuse