

## 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.

## 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](mailto:economicrecovery@cityofgp.com).

Any inquiries can also be made to the program coordinator at [economicrecovery@cityofgp.com](mailto: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](mailto:ecdevinfo@cityofgp.com).

Clear Form

Print Form

**General Information**

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

**Eligibility**

<b>Organization Name</b>	
<b>Mailing Address</b>	
<b>Phone</b>	<b>Email</b>
<b>Length of Time in Business</b>	<b>Number of Employees</b> (including owner/proprietor)
<b>Has your business been financially impacted by COVID-19? If so, how much of a revenue reduction have you experienced over previous years?</b>	

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

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

<b>Organization Name</b>	
<b>Mailing Address</b>	
<b>Phone</b>	<b>Email</b>
<b>Length of Time in Business</b>	<b>Number of Employees</b> (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:

Clear Form

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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](mailto: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	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Date of Application Review			
Amount of Grant			
Decision	<input type="checkbox"/> Approve	<input type="checkbox"/> Approve with Conditions	<input type="checkbox"/> Refuse