Krause of Klamath
Name of Applicant

(signature)
Name of Reviewer

Tourism Grant Application – Traditional Program Event
Selection Criteria Summary
(Tourism Review Panel scoring)

Score		Weight	Points	
(1-10)	4	10	40	Does the applicant clearly demonstrate how this project will increase out of county visitors?
(1-5)	5	10	50	Will the project encourage additional overnight stays beyond the project event?
(1-5)	5	5	25	Does the applicant have the ability to complete the project? Is management and/or administration capable?
(1-5)	1	5	5	Are the budget and marketing plan realistic?
(1-10)	5	10	60	Does the applicant clearly demonstrate how the project will leverage funding?
(1-10)	4	10	40	Does the applicant clearly demonstrate how the organization will create sustainable marketing networks?
(1-5)	1	5	5	Is there demonstrated community support? Is there evidence of in-kind support?
(1-10)	2	10	20	Is there a strong evaluation method with measurable objectives?

SUB-TOTAL POINTS: _____

Add Preference Points

	Points	
(0-10)	0	Event held during the Shoulder Season – October through May
(0-10)	0	Event held outside of the Klamath Falls urban growth boundary
(0-10)	10	Family Friendliness

TOTAL POINTS 245

Reviewer Conflict of Interest: _____

Comments: _____
_____
_____
_____

Do you recommend this project for funding: ☐ YES ☐ NO   Partial funding: $_____

Kruise of Klamath
Name of Applicant

Julie McMorran
Name of Reviewer

Tourism Grant Application – Traditional Program Event
Selection Criteria Summary
(Tourism Review Panel scoring)

Score	Weight	Points	
(1-10) _9_	10	_90_	Does the applicant clearly demonstrate how this project will increase out of county visitors?
(1-5) _4_	10	_40_	Will the project encourage additional overnight stays beyond the project event?
(1-5) _5_	5	_25_	Does the applicant have the ability to complete the project? Is management and/or administration capable?
(1-5) _2_	5	_10_	Are the budget and marketing plan realistic?
(1-10) _8_	10	_80_	Does the applicant clearly demonstrate how the project will leverage funding?
(1-10) _8_	10	_80_	Does the applicant clearly demonstrate how the organization will create sustainable marketing networks?
(1-5) _5_	5	_25_	Is there demonstrated community support? Is there evidence of in-kind support?
(1-10) _9_	10	_90_	Is there a strong evaluation method with measurable objectives?

SUB-TOTAL POINTS: _440_
_+ 6_
_446_

Add Preference Points

(0-10) _____ Event held during the Shoulder Season – October through May

(0-10) _____ Event held outside of the Klamath Falls urban growth boundary

(0-10) _6_ Family Friendliness

TOTAL POINTS _446_ ✓

Reviewer Conflict of Interest: _____

Comments: _____

Do you recommend this project for funding: ☐ YES ☐ NO   Partial funding: $_____

_____KRuse_____   _____MARquez_____
Name of Applicant   Name of Reviewer

Tourism Grant Application – Traditional Program Event
Selection Criteria Summary
(Tourism Review Panel scoring)

Score	Weight	Points	
(1-10) 8	10	80	Does the applicant clearly demonstrate how this project will increase out of county visitors?
(1-5) 5	10	50	Will the project encourage additional overnight stays beyond the project event?
(1-5) 5	5	25	Does the applicant have the ability to complete the project? Is management and/or administration capable?
(1-5) 3	5	15	Are the budget and marketing plan realistic?
(1-10) 5	10	50	Does the applicant clearly demonstrate how the project will leverage funding?
(1-10) 8	10	80	Does the applicant clearly demonstrate how the organization will create sustainable marketing networks?
(1-5) 3	5	15	Is there demonstrated community support? Is there evidence of in-kind support?
(1-10) 8	10	80	Is there a strong evaluation method with measurable objectives?

SUB-TOTAL POINTS: 395

<u>Add Preference Points</u>

(0-10)	_____	Event held during the Shoulder Season – October through May
(0-10)	_____	Event held outside of the Klamath Falls urban growth boundary
(0-10)	5	Family Friendliness

TOTAL POINTS 400

Reviewer Conflict of Interest: _____

Comments: Community own funds?, match?, Printing Registration packets expense not covering $3125 No cash match.

Do you recommend this project for funding: ☑ YES ☐ NO   Partial funding: $_____

Kruise of Klamath   George Rogers
_____   _____
Name of Applicant   Name of Reviewer

Tourism Grant Application – Traditional Program Event
Selection Criteria Summary
(Tourism Review Panel scoring)

Score	Weight	Points	
(1-10) 8	10	80	Does the applicant clearly demonstrate how this project will increase out of county visitors?
(1-5) 3	10	30	Will the project encourage additional overnight stays beyond the project event?
(1-5) 5	5	25	Does the applicant have the ability to complete the project? Is management and/or administration capable?
(1-5) 5	5	25	Are the budget and marketing plan realistic?
(1-10) 5	10	50	Does the applicant clearly demonstrate how the project will leverage funding?
(1-10) 6	10	60	Does the applicant clearly demonstrate how the organization will create sustainable marketing networks?
(1-5) 3	5	15	Is there demonstrated community support? Is there evidence of in-kind support?
(1-10) 8	10	80	Is there a strong evaluation method with measurable objectives?

SUB-TOTAL POINTS: 365

Add Preference Points

(0-10)	0	Event held during the Shoulder Season – October through May
(0-10)	0	Event held outside of the Klamath Falls urban growth boundary
(0-10)	8	Family Friendliness

TOTAL POINTS   373

Reviewer Conflict of Interest: _____

Comments: _____
_____
_____
_____

Do you recommend this project for funding: ☐ YES ☐ NO   Partial funding: $_____

_____   _Kristy_____
Name of Applicant   Name of Reviewer

Tourism Grant Application – Traditional Program Event
Selection Criteria Summary
(Tourism Review Panel scoring)

Score   Weight   Points   *100*

(1-10) *10*   10   *10*   *100.*   Does the applicant clearly demonstrate how this project will increase out of
                                           county visitors?

(1-5) *10*   10   ~~*10*~~ *100.* Will the project encourage additional overnight stays beyond the project event?

(1-5) *5*   5   ~~*25*~~ *25*   Does the applicant have the ability to complete the project?
                                            Is management and/or administration capable?

(1-5) *2*   5   *10* ~~*10*~~   Are the budget and marketing plan realistic?

(1-10) *10*   10   *100*   Does the applicant clearly demonstrate how the project will leverage funding?

(1-10) *10*   10   *100*   Does the applicant clearly demonstrate how the organization will create sustainable
                                            marketing networks?

(1-5) *5*   5   *25*   Is there demonstrated community support?
                                            Is there evidence of in-kind support?

(1-10) *5*   10   *50*   Is there a strong evaluation method with measurable objectives?

SUB-TOTAL POINTS: /~~*515*~~ *510*   *(520)*

<u>Add Preference Points</u>

(0-10)   *NO*   Event held during the Shoulder Season – October through May

(0-10)   *NO*   Event held outside of the Klamath Falls urban growth boundary

(0-10)   *10*   Family Friendliness

TOTAL POINTS   *10*

Reviewer Conflict of Interest: _____

Comments: *match* _____

                        current
                        $3125
                        Printing

Do you recommend this project for funding: ☑ YES ☐ NO   Partial funding: $_____

Form # KCF 3008
Revised the 4th of September, 2014