



JCATA MINI GRANT APPLICATION 2027

Please check the category of your application: Choose One

Applicant Information

Name of Project: Click or tap here to enter text.

Sponsoring Organization/Business: Click or tap here to enter text.

Project Coordinator/Contact Person: Click or tap here to enter text.

Address: **Street** Click or tap here to enter text.
 State Choose an item.

City Click or tap here to enter text.
Zip Click or tap here to enter text.

Phone: Click or tap here to enter text.

Email: Click or tap here to enter text.

Is this a cooperative group project? Choose an item.

If yes, list all participants in this project: (Also attach signed letter of participation from all organizations involved.)

Click or tap here to enter text.

Project Description

Give a general description of the project for which you are requesting funds:

Click or tap here to enter text.

Explain the benefits and the anticipated economic impact of your project:

Click or tap here to enter text.

Explain how this project relates to tourism efforts:

Click or tap here to enter text.

Specific Project Requests Choose an item.

Advertising Applications: Describe advertisement and attach a sketch or copy of the ad and describe when and where ads will be placed.

Promotion Applications: Describe the promotional piece and attach a sketch of the design and describe how the project will be distributed.

Education Applications: Describe the educational program and describe how the program will be promoted.

Click or tap here to enter text.

Budget and Amount Requested

Provide as much detail as possible. Official vendor(s) quote(s) required.

Grant Amount Requested: Click or tap here to enter text.

Total Estimated Project Expense: Click or tap here to enter text.

Expense Detail:

Vendor	Item	Cost

JCATA/Tourism Involvement

Do you contribute financially to the Jackson County Area Tourism Association Mini-Grant Program (including paying dues)? Choose an item.

Describe your organization's involvement in local tourism in the last year. Examples can include membership, attendance, involvement, and participation in the JCATA, ITip, and/or Travel Iowa (Iowa Economic Development Authority):

Choose an item. Number of Jackson County Area Tourism Monthly Meetings attended

Choose an item. Number of Travel Iowa (Iowa Tourism) or ITip Events attended

Other ways you contributed to the Jackson County Area Tourism Association efforts

Click or tap here to enter text.

Project Timetable

Describe the timetable for your event/project from original planning session to date of completion.

Click or tap here to enter text.

Presentation of Application

Spelling, grammar, typing, page order, mathematical accuracy, and use of this provided form are all important to this application and will be considered in the evaluation of the application.

Applicant Signature

I have read the Jackson County Mini Grant Application Instructions. I agree to comply with the guidelines and requirements outlined in those Instructions and this Application Form. I understand that projects funded through the Jackson County Mini Grant Program must acknowledge that financial assistance as described in the Instructions.

Signature of Project Coordinator:

Signature:

Date:

The original application of this Application and all supporting materials must be emailed to: director@jacksoncountyiowa.com

Applications must be received no later than 5:00 pm, **November 15, 2026**. No late applications will be considered.

Jackson County Area Tourism Association
(309) 721-6303 * director@jacksoncountyiowa.com