

HAWAI'I TOURISM AUTHORITY
COUNTY PRODUCT ENRICHMENT PROGRAM
2010 APPLICATION FORM

INFORMATION:

Organization (Full Legal Name) _____

Street Address _____

Mailing Address _____

City/State/Zip _____ Email _____

Phone _____ Fax _____

Website Address, if available _____

Federal Taxpayer ID No. _____ State Taxpayer ID No. _____

Organization is a (check one) Non-profit entity Government entity
 Other (please explain): _____

PRIMARY PROGRAM CONTACT PERSON:

Name Title

Phone Fax

PROJECT INFORMATION:

Project Title _____

Amount Requested \$ _____ Total Estimated Budget \$ _____

This program is submitted for consideration under the HTA County Product Enrichment Program for the following niche market area (check only one):

- | | |
|--|--|
| <input type="checkbox"/> Agritourism (Agriculture) | <input type="checkbox"/> Cultural Tourism |
| <input type="checkbox"/> Eco Tourism (Nature) | <input type="checkbox"/> Edu Tourism (Education) |
| <input type="checkbox"/> Health and Wellness Tourism | <input type="checkbox"/> Technology Tourism |

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FOR FESTIVALS OR EVENTS ONLY:

Event Date(s): _____

Event Location(s): _____

In 60 words or less, list and briefly describe **Major Elements** of the event (i.e., parade, arts and crafts sales, food sales, music and entertainment, etc.):

Person you would like to list on promotional materials for people to contact for more information about your festival/event (this can be the event organizer or a person designated to answer questions about the program):

Name _____

Phone _____ Email _____

FOR ONGOING PROGRAMS ONLY:

Program Start & End Dates _____

Program Location(s) _____

In 60 words or less, briefly describe the project:

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VOLUNTEER PROGRAM:

Does your Project offer opportunities for volunteer participation? Yes No

If yes, please describe the possible opportunities, and provide contact information for the volunteer coordinator:

VOLUNTEER PROGRAM CONTACT PERSON:

Name Title

Phone _____ Fax _____ Email: _____

REQUIRED CERTIFICATION (Must be completed to be considered):

The information contained in this application is true and correct to the best of my knowledge and belief. The document has been duly authorized by the governing body of the organization.

Signature of Authorized Official Date

Print Name Title