

Exhibit B - PLEASE PRINT THIS FORM, COMPLETE ALL REQUIRED INFORMATION, AND EMAIL APPLICATION FOR CONSIDERATION

Estes Park Construction Impact Relief Project

Application for Marketing Match

06/11/2024

Contact: EPBusinessRelief@gmail.com

The Town of Estes Park has allocated \$200,000 to be used as a marketing match for businesses that have suffered economic loss due to the Loop Construction project in 2024. The Estes Chamber of Commerce is administering the applications and approval of these grants. The grant funds will reimburse marketing expenses spent from 05/01/2024 to 7/31/2024.

Who Can Apply?

Any businesses located in the [Visit Estes Park Local Marketing District](#) may apply for the grant (map included as Appendix 3). Please refer to this map to confirm your eligibility.

Business must meet the following criteria to be eligible:

- Hold a business license with the Town of Estes Park.
- Be physically located within the Local Marketing District boundaries.
- Have no outstanding tax liens or legal judgments.

How to Apply

1. Complete the Affirmation (Appendix 1) and email it, along with your W9, to EPBusinessRelief@gmail.com to submit your application.
2. Wait for approval of your application before spending any funds on marketing for this program.
3. After receiving approval of your application, make the marketing purchases and save your receipts.
4. Submit your receipts using the Marketing Match Reimbursement Form (Appendix 2) to EPBusinessRelief@gmail.com by 8/31/2024. Reimbursement checks will be cut weekly.
5. The grant will provide a 75% reimbursement of the marketing spend up to \$2500.
6. (Optional) Report on the effectiveness of the matching grant dollars:
 - a. How and what were the results of the marketing efforts (e.g. Facebook data, sales growth, customer count, etc.)?
 - b. What is your overall assessment of the marketing match grants?

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Appendix 1: Marketing Match Program Affirmation

Please Read, Complete, and Affirm.

Business Name:

Business License #:

Address:

City, State ZIP:

Phone:

Email:

Amount of Reimbursement Requested (\$2500 max):

Total Anticipated Marketing Spend: \$

Brief (1-2 Sentence) Description of Marketing Tactics that the Grant will Support:

In order to participate in the Marketing Match Program (“Program”) and receive a grant, the Estes Chamber of Commerce (“Administrator”) requires that you (“Applicant”) certify the following:

- You own or are authorized to represent a business that holds an Estes Park Business License.
- Your business is physically located in the Visit Estes Park Local Marketing District Area.
- Have no outstanding tax liens or legal judgments.

A materially false statement willfully or fraudulently made in connection with this affirmation may result in rendering the submitting company ineligible with respect to the Program, and, in addition, may subject the person making the false statement to criminal charges.

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Notwithstanding any other rights of the Administrator under other Sections of this Affirmation or applicable law, if the Applicant violates any of the terms, covenants or provisions of the Affirmation, or if any representation or warranty made by the Applicant in this Affirmation or in any document or application submitted in connection with this Affirmation or the Program shall prove false or misleading, or if, in the sole judgment of the Administrator, the conduct of the Applicant is such that the interests of the Administrator have been or are likely to be impaired or prejudiced, the Administrator shall thereupon have the right to terminate any grant or withhold payments due under the Program and/or demand and obtain the return of payments already made which are equal to the damages the Administrator may have already suffered due to a breach by the Applicant. Any such action by the Administrator shall not give rise to any cause of action for damages against the Administrators.

Applicant agrees to indemnify, protect, and hold harmless the Administrator from all claims, damages, losses, liens, causes of actions, suits, judgments, and expenses (including attorneys' fees), of any nature by any third party arising out of, caused by, or resulting from this application.

All Applicants Must Certify to the Following:

- (1) I (name of business owner) [redacted] hereby certify to the Administrator as of the date of this affirmation that my business (business name) [redacted] holds an Estes Park Business License, is physically located within the VEP Local Marketing District and the information contained herein is, to the best of my knowledge, information and belief, accurate and complete.
- (2) I understand that the business must comply with all laws and rules applicable to the program, including Town, State and Federal laws. This certification shall be deemed executed in the Town of Estes Park and State of Colorado and shall be governed and construed in accordance with the laws of the State of Colorado and the laws of the United States.
- (3) I am authorized to complete and submit this certification on behalf of the Business. I verify that the statements contained herein are true and correct and that the Business has not misrepresented its eligibility for the Program.
- (4) I understand that willful or fraudulent submission of a materially false statement in connection with this certification may result in the Business being ineligible for the Program reimbursements and may subject the Business or the person making false statements to criminal charges.

By entering my name below, I certify that the above statements are true and correct to the best of my knowledge. I understand that a false statement may disqualify me from benefits.

Business Owner Name: [redacted]

Date: [redacted]

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Appendix 2: Marketing Match Reimbursement Form

Business Name:

Business License #:

Address:

City, State ZIP:

Phone:

Email:

Reimbursement Requested (75% of total spend/\$2500 max):

Please attach any receipts used for the match.

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Appendix 3: Local Marketing District Map

