Destination Iowa

Funding Available through ARPA/SLFRF



# **PROGRAM OVERVIEW**

Destination Iowa has been created to assist with funding new quality of life and expanded tourism opportunities throughout Iowa.

**Tourism Attraction Fund**

This fund is designed to provide grant assistance for projects that create additional tourism opportunities. Eligible expenses include construction or remodeling, acquisition of property and equipment, and significant upgrades, site development, architectural, and engineering.

* Ineligible expenses for grant reimbursement include ongoing operational costs, non-development costs, and other employee wages and benefits.
* Grant award can be up to 40% of eligible expenses, and not more than $1.5 million.
* Applicants will be required to demonstrate how the project will be a draw to people from outside of the local community and out of state and must also demonstrate the ability to positively project the state’s image on a national scale.

**Destination Iowa Instructions and Guidelines**

Iowa Economic Development Authority (IEDA) will begin accepting applications electronically on a rolling basis beginning April 22, 2024, through May 3, 2024, or until funds are exhausted. Applications are received by IEDA reviewed and scored by IEDA staff and awarded by the Director of the Authority. Please contact Alaina Santizo or Maicie Pohlman at destinationiowa@iowaeda.com with questions.

## **Grant Recipients**

To comply with Federal guidelines, grant recipients must certify that all project costs will be incurred by December 31, 2024. Incurring funds includes executing a contract or payment agreement for a good or service, but the funds have not been paid and the good or service is not fully delivered. All grant funds must be fully expended with eligible project fully completed by September 30, 2026. To ensure projects are shovel ready, grant funds will be awarded as last dollar in, or nearly last dollar in.

Project costs incurred prior to IEDA approval will not be eligible for reimbursement. Grant funds will not be disbursed until all project financing is secured and documented. Projects that include a gaming facility are not eligible for funding.

Completed applications should be submitted electronically to destinationiowa@iowaeda.com. IEDA staff will make every effort to accept other forms of electronic application delivery.

## **Security, Contracts and Reporting**

IEDA reserves the right to negotiate the amount, terms, and other conditions of a grant prior to making an award. Following notification of an award, a grant agreement specifying further terms and conditions will be executed.

Upon IEDA approval, the successful applicant will receive a grant agreement via email from IEDA. The applicant has 45 working days to sign the grant agreement. If the agreement is not executed within 45 working days, IEDA reserves the right to cancel the award. IEDA, at its sole discretion, may extend the timeframe for executing the grant agreement.

Any grant agreement awarded by IEDA shall include specific provisions, terms, and conditions.

Failure to start construction on the project within 12 months of the award may result in a reduction or termination of funding. Funds will be disbursed on a reimbursement basis. Only investments/expenses incurred after the approval date will be considered.

IEDA will not make an award if it is determined any representation, warranty, or statement made in connection with this application is incorrect, false, misleading, or erroneous in any material respect. If IEDA provided an award prior to discovery of the incorrect, false, or misleading representation, IEDA may initiate legal action to recover the awarded funds.

If awarded, grant recipients will be required to submit quarterly progress reports through April 15, 2027, per federal requirement. Failure to report as required, will result in repayment of the grant award in its entirety. IEDA reserves the right to require the applicants to utilize the IowaGrants.gov system to conduct business associated with this Agreement, including but not limited to, requests for disbursement.

## **Evaluation of Applications**

Applications to the program are evaluated in two stages:

**Stage 1 – Eligibility**

Threshold eligibility requirements are evaluated by IEDA staff and include:

* Completeness of application
* Documented project funding

If an applicant fails to meet any eligibility criterion at the time an application is submitted, the application may still be reviewed but the application will not be forwarded to the scoring committee until all eligibility criteria are met. IEDA reserves the right to request additional information from applicants to evaluate applications.

**Stage 2 – Evaluation**

After IEDA staff has completed the eligibility review, applications will be shared with the appointed scoring committee. The scoring committee will make funding recommendations to the IEDA Director. The program is designed to assist projects in communities of all sizes. Scores will take into account the community size and resources available when assigning a numerical value to the criteria described below.

Scoring Criteria Factors Include:

1. Ability to attract tourists to the community. (0-20)
2. Project Financing – are financing sources secured and documented? Does project appear shovel ready? Is there a broad range of financial support including public and private funding? Is the applicant using a portion of ARP funding allocated to the city or county? (0-30)
3. Feasibility – Does the project have a plan to operate successfully once fully constructed? (0-15)
4. Economic Impact to region/state (0-20)
5. Strategic planning to include handicapped accessibility and other state priorities such as water quality, broadband access, geographic diversity, and rural development. (0-15)
6. Demonstration of the ability to positively project the state’s image on a national scale (0 -10)

A minimum average score from the scoring committee of 75 is required to receive grant funding from the Tourism Attraction Fund applicants.

**Additional Information**

IEDA at its sole discretion reserves the right to reject all applications; to reject individual applications for failure to meet any requirement; to award in part or total, and to waive minor defects and non-compliance. Such a waiver will not modify the program requirements or excuse the applicant from full compliance with program specifications or grant agreement requirements if the grant is awarded. Submission of an application confers no right to an award or to a subsequent grant agreement.

All application submissions become the property of IEDA.

The contents of all applications will be in the public domain and will be open to inspection by interested parties subject to exemptions provided in Iowa Code Chapter 22 or other provision of law. The burden shall be on the applicant to identify and justify any legal exemptions to IEDA’s obligations under Chapter 22. Exemptions must be identified at the time the application is submitted.

IEDA is not obligated to award any grants under this program, to pay any costs incurred by the applicant in the preparation and submission of an application or pay any grant-related costs incurred prior to the approval date. All IEDA decisions are final.

SECTION 1 – PROJECT INFORMATION AND ELIGIBILITY

**Tourism Attraction Fund**

* Project creates or expands tourism opportunity
* At least 60% of the necessary funding to complete the project

Name of Project: ­­­­­­­­­­­­­­­­­­­­­ Date Submitted:

Applicant Organization:

Organization Type:  City  County  Non-profit organization  For-profit business

Address:

City: State: Zip Code:

Contact Person: Title:

Telephone: Email:

Federal Identification Number

County: City Population

To be a recipient of federal funding, all eligible subrecipients are required to maintain an active registration with the [SAM.gov | Home](https://nam04.safelinks.protection.outlook.com/?url=https%3A%2F%2Fsam.gov%2Fcontent%2Fhome&data=05%7C02%7CAlaina.Santizo%40IowaEDA.com%7C17fd5b14b581491e37fa08dc5e2d9180%7C0e7d394658c840c4b5ca04ab67de9145%7C0%7C0%7C638488797025994447%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C0%7C%7C%7C&sdata=1mFXmLd9Cmp%2FuEHCrA4I6bPiIv1C4AFISp6FaGt8wnk%3D&reserved=0).

If you have an active registration, please provide the UEI Number:

If your organization does not have an active registration, please register your entity at [SAM.gov](https://nam04.safelinks.protection.outlook.com/?url=https%3A%2F%2Fsam.gov%2Fcontent%2Fhome&data=05%7C02%7CAlaina.Santizo%40IowaEDA.com%7C17fd5b14b581491e37fa08dc5e2d9180%7C0e7d394658c840c4b5ca04ab67de9145%7C0%7C0%7C638488797026005386%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C0%7C%7C%7C&sdata=4GL3QSAk%2BGybdMuMfVMSB4BXmsh5yRoeCjakK8JjdO0%3D&reserved=0) to obtain a UEI. A contract cannot be issued until a UEI is obtained.

Anticipated Construction Start Date:

Anticipated Construction Completion Date :

Anticipated Opening Date:

Grant Request $ Total Project Budget $

*Grant request and Total project budget should match the amounts shown in Section 2. Grant request cannot exceed 40% of the Total Project Budget or $1.5 million*

Project Address (if different from above):

**Co-applicant** (if applicable) - Any entity that will incur project costs should be included as a co-applicant

Organization:

Address:

City: State: Zip Code:

Contact Person: Title:

Telephone: Email:

Federal Identification Number:

**Project Description**

**Describe the proposed project** in detail. Insert renderings and/or photos illustrating the proposed project.

**SECTION 2 - PROJECT COSTS AND FINANCING**

**Project Cost Estimates:** Use the following chart to summarize the project budget. Do not include any project expenses that have already been expended or work that has already been completed. ***Grant funds will be disbursed on a reimbursement basis for eligible expenses only.***

|  |  |
| --- | --- |
| **Budget Items** | **Cost** |
| Real Estate Acquisition | $ |
| Site Preparation | $ |
| Construction | $ |
| Remodeling/Renovation | $ |
| Fixtures/Furniture/Equipment | $ |
| Public Art & Landscaping | $ |
| Architectural/Engineering Design | $ |
| Construction Administration/Permits | $ |
| Contingency | $ |
| **TOTAL PROJECT COSTS** | **$** |

**Sources of Financing:** List project funding sources that have been secured in the chart below. Note that the program requires at least 60% of the proposed project budget must be secured prior to application consideration. Documentation of funding sources is a required attachment.

|  |  |  |
| --- | --- | --- |
| **Sources of Financing** | | |
| **Source** | | **Amount** | **Section 2 Attachments** |
| **Destination Iowa Grant Request** \* | |  |  |
| Public Funding (city/county) | |  | Resolution or letter |
| Private Fundraising | |  | Listing |
| Grants | |  | Letter(s)/Agreements |
| American Rescue Plan (ARP) funds | |  |  |
| Other, describe | |  |  |
| **TOTAL Financing** | |  |  |

\* Refer to page 2 of the application for the maximum grant request. Requests that exceed the allowable percentage will be returned to the applicant as ineligible.

**SECTION 3 – PROJECT PLANNING & TIMELINE**

1. What is the timeline for the project? Include project start date, estimated completion date and dates for completing major milestones. *Note: federal requirements state that all costs be incurred by December 31, 2024. Incurred means obligated or under contract, but not necessarily expended.*

|  |  |
| --- | --- |
|  |  |
|  |  |
|  |  |
|  |  |

1. If work on the project is already underway, please indicate-
   1. What has been completed at time of application?
   2. Confirm these expenditures are not included in the proposed project costs:
2. Does the strategic planning for this project to include handicapped accessibility? If so, does it go beyond basic ADA compliance?
3. Has the planning for this project incorporated any other state priorities such as water quality, rural broadband access, or rural development?

**SECTION 4 – ECONOMIC IMPACT & LEVERAGE**

Destination Iowa is designed to grow tourism activities that will benefit the economy of the community and the state. Applicants must demonstrate how the proposed investment will be a draw to the community, region, and state.

1. Please describe how this project will be a draw for your community?
2. Who is the target audience for this project? Please be specific about the targeted group demographics and location.
3. Please describe the economic impact of these visitors.
4. Please describe additional development (private or public) that will occur as a result of this project.
5. Does this project have a regional or statewide impact? Please explain.
6. How will the amenity be marketed or promoted once operational? How do the proposed marketing efforts reach your target audience?
7. Will the project positively project the state’s image on a national scale?

**SECTION 5 – OPERATION & MAINTENANCE**

Applicants must demonstrate that the proposed project will remain viable after completion.

1. Who will be responsible for the operation and maintenance of the project following construction? Are formal agreements in place?
2. Include a chart detailing the expected income for the first five years of operations (add rows as needed):

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Year 1 | Year 2 | Year 3 | Year 4 | Year 5 |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

*Explanation of assumptions:*

1. Include a chart detailing the expected expenses associated with the ongoing operations and maintenance of this facility for the first five years (add rows as needed):

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Year 1 | Year 2 | Year 3 | Year 4 | Year 5 |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

*Explanation of assumptions:*

1. Describe the research or studies that were completed to generate the revenue and expense projections.

**Section 6 – Required Attachments**

Applicants must submit the following attachments:

1. Documentation substantiating project funding.
   1. Documentation of financing: resolutions, term sheets, private donor/in-kind listing, grant letters. *Failure to provide adequate documentation will delay review or cause the application to be deemed ineligible.*
2. Detailed cost estimates from an engineer or architect
3. Applicable maps or project renderings not already included in the application
4. Minority Impact Statement
5. W-9

For-Profit Applicants:

1. Profit and loss statements and balance sheets for past three year-ends

**Section 7 – Certifications and Acknowledgements**

**Acknowledgment, Release of Information, & Certification**

1. In the last five years, have there been any judgments or court actions completed or are any judgments or court actions currently pending against the applicant entity?

Yes  No   If yes, please explain.

2. In the last five years, has any current director or principal officer(s) been accused or convicted of any wrongdoing or crime in their capacity as director/principal officer?

Yes No   If yes, please explain

3. Have there been any current or past bankruptcies on the part of the applicant entity?

Yes  No  If yes, please explain

4. In the last five years, have there been, or are there currently any investigations of potential violations of public health, safety or environmental laws by the applicant entity?

Yes  No   If yes, please explain

I acknowledge that I have read and understand the application materials including the provisions relating to security, contracts and reporting as noted above. I understand that awarded funds must be obligated by recipient organization no later than December 31, 2024 and all construction must be complete by September 30, 2026. I understand failure to meet these dates could result in partial or full repayment of any awarded dollars. Further, I give permission to the Iowa Economic Development Authority (IEDA) to perform due diligence, perform credit checks, contact the organization’s financial institutions, and perform other related activities necessary for reasonable evaluation of this proposal. The undersigned authorizes the Iowa Department of Revenue (IDR) to provide to IEDA state tax information pertinent to the Applicant’s standing with IDR, including but not limited to information related to state income tax, sales and use tax, state withholding, and state tax credits claimed. The undersigned representative of the applicant further authorizes the IDR to access tax incentive information pertinent to the responsibilities of IDR, including but not limited to information IDR is required to report to the Iowa General Assembly and information required to process tax incentive claims. I understand that all information submitted relating to this application is a public record. I certify that all representations, warranties, or statements made or furnished in connection with this application are true and correct in all material respects. I understand that it is a criminal violation under Iowa law to engage in deception and knowingly make, or cause to be made, directly or indirectly, a false statement in writing for procuring economic development assistance from a state agency or subdivision.

Signature of applicant certifying officer or individual:

Date:

Signature of co-applicant certifying officer or individual:

Date:

**APPLICATION CHECKLIST**

Questions in Sections 1 – 5 of the application completed

Copies of signed documentation for financial support

Detailed cost estimates from an engineer and/or architect

Project renderings and/or photos

Applicable maps of area and project

Minority Impact Statement

W9

**For-Profit Only:** 3-years financial statements

Signed electronic version of the application submitted to IEDA

# **MINORITY IMPACT STATEMENT**

**Please choose the statement(s) that pertains to this grant application. Complete all the information requested for the chosen statement(s).**

The proposed grant project programs or policies could have a disproportionate or unique **positive** impact on minority persons.

* Describe the positive impact expected from this project.
* Indicate which group is impacted:

\_\_\_ Women

\_\_\_ Persons with a Disability

\_\_\_ Blacks

\_\_\_ Latinos

\_\_\_ Asians

\_\_\_ Pacific Islanders

\_\_\_ American Indians

\_\_\_ Alaskan Native Americans

\_\_\_ Other

The proposed grant project programs or policies could have a disproportionate or unique **negative** impact on minority persons.

* Describe the negative impact expected from this project.
* Present the rationale for the existence of the proposed program or policy.
* Provide evidence of consultation of representatives of the minority groups impacted.
* Indicate which group is impacted:

\_\_\_ Women

\_\_\_ Persons with a Disability

\_\_\_ Blacks

\_\_\_ Latinos

\_\_\_ Asians

\_\_\_ Pacific Islanders

\_\_\_ American Indians

\_\_\_ Alaskan Native Americans

\_\_\_ Other

The proposed grant project programs or policies are **not expected to have** a disproportionate or unique impact on minority persons.

* Present the rationale for determining no impact.

I hereby certify that the information on this form is complete and accurate, to the best of my knowledge:

Name**:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# 