VISIT SALINA
120 W. Ash, P.O. Box 586 • Salina, KS 67402-0586 • 785-827-9301 • fx 785-827-9758 • www.DiscoverSalina.org

2026 CARM Grant Application

Section I: Applicant Information

Agency: _____

Contact/Title: _____

Email: _____Phone:_____

The above organization is applying for which of the following Marketing Reimbursement Programs:

- ☐ **Comprehensive Regional Marketing Reimbursement (Up to $28,125.00)**
- ☐ **Special Project Regional Marketing Reimbursement (Up to $4,999.95)**

Section II: Project Overview

Project Summary:

(Brief description of your target audience, and anticipated outcomes from regional marketing.)

_____

_____

_____

Program Timeline:

Start Date: _____ **End Date:** _____

Geographic Area(s) Marketed:

_____

_____

Section III: Organizational Background

Estimated Annual Marketing Budget (total): $_____

Estimated Regional Marketing Budget: $_____

(Beyond 45-mile radius of Salina)

Brief Description of Regional Marketing Plan:

(Summarize key goals and activities for regional promotion.)

_____

_____

_____

_____

_____

Section IV: Marketing Strategy

Target Audience:

(Include geographic, demographic, psychographic details.)

_____

_____

Marketing Channels to be Used:

(Check all that apply and explain briefly.)

☐ **Digital Ads (Google, Facebook, etc.)**

☐ **Social Media Marketing**

☐ **Television / Radio**

☐ **Print Media**

☐ **Outdoor (Billboards, signage)**

☐ **Website development**

☐ **Influencer or Content Partnerships**

☐ **Other: _____**

Specific Media Outlets/Platforms Used: ***(List platforms, stations, publishers, etc.)***

_____

_____

_____

_____

_____

_____

_____

Specific Marketing Vendors: (List agencies, freelancers, platforms):

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Section V: Collaboration

Describe your collaborative regional promotional strategies, including work with area partners (theatres, museums, hotels, restaurants, retail or other businesses):

- **The following are some examples:**
  - **Offering a promotion or package deal in partnership with another Salina attraction (a theatre offering a free beverage or snack with proof of purchase from a nearby retail store, restaurant or museum admission).**
  - **Coordinating with a local hotel to provide a gift shop item or attraction tickets for guests proving attendance at a cultural event or festival.**
  - **Collaborating with multiple local attractions on themed itineraries or passport programs that encourage multi-venue visits and offer rewards after visiting multiple locations.**

- **Sponsors providing financial or in-kind support are NOT considered collaborative partners.**

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Section VI: Budget and Reimbursement Request

Total Comprehensive or Special Project Budget: $_____

Amount Requested (Eligible for Reimbursement): $_____

($28,125 or less for Comprehensive, or $4,999.99 or less for Special Project)

- **CARM Grants support regional marketing, not event production or other operational expenses. Administration Fees for management/staff may NOT be included.**

Itemized Budget Table

Expense Category	Description	Amount ($)
Media Placement	e.g., Facebook Ads, newspaper ads	
Creative Development	e.g., design, copywriting, photography	
Printing	e.g., brochures, rack cards	
Website Updates		
Other: _____		
Total		

Section VII: Evaluation and Results

☐ **Tracking Mechanisms Used:**

(Check all that apply and describe how they are used to monitor campaign performance.)

☐ **☐ Ticket/Admission System**

☐ Online Analytics (e.g., Google Analytics, Meta Ads Manager)

☐ Surveys

☐ Partner Data

☐ Other: _____

Annual Results Report:

(Include total number of ticket/admission sales from patrons beyond a 50-mile radius of Salina through September of the application year. You may include repeat ticket buyers, meaning they do not have to be unique.)

_____

_____

Share your ticket/admission price range

_____

_____

Data Analysis

Run a report via a digital tracking system (like Placer AI or Datafy) to track visits to your location or specific events:

Filter the data to include the following.

- **Only visitors from the previous 12 months, and/or specific event dates from last year.**
  - **If you are the only organization in your venue use the previous 12 months**
  - **If you host your events, or a series of events in a venue with multiple events, please use event specific tracking.**
- **Only visitors from beyond a 50-mile radius of Salina.**
- **Only visitors be on-site for at least 30 minutes.**

Include a PDF of the above digital tracking report with your application.

Compare and provide written analysis of the data from your digital tracking report to your internal tracking data or research. Share any correlations or discrepancies using your ticket/admission reports, online analytics, surveys, partner data, or other research and data sources.

_____

_____

_____

_____

_____

_____

_____

_____

_____

Section VIII: Required Participation Commitments

Please confirm your agreement with the following requirements:

- ☐ **I will populate the www.DiscoverSalina.org/events calendar with visitor-centric events and performances in a timely manner.**
- ☐ **I will purchase a listing in the annual Kansas Travel Guide.**
- ☐ **I will maintain a free listing on TravelKS.com.**
- ☐ **I understand all funded materials must include Visit Salina and City of Salina logos where possible.**

Section IX: Project Management & Completion

- ☐ **I understand I must secure competitive marketing costs, and no funds may be transferred to other events without written permission.**
- ☐ If marketing costs are not yet invoiced or required data are unavailable because the project/event occurs in the last quarter of the application year, applicants may submit an addendum once this information is available, but no later than March 15 of the following year. The application should include the best estimated costs and data analysis to allow for consideration.
- ☐ **In the case of project cancellation, I will notify Visit Salina in writing regarding unused or refunded funds.**
- ☐ **I acknowledge that liability for all project activities lies with the recipient organization.**

Section X: Submission Checklist

- ☐ **Completed Application Form**
- ☐ **Detailed Project Budget**
- ☐ **Annual Results Report (including ticket/admission data)**
- ☐ **Digital Tracking System (like Placer AI or Datafy) Report**
- ☐ **Comparison Analysis using Digital Tracking System Data**
- ☐ **List of Cooperative Partners and Description of the partnership(s)**
- ☐ **Marketing Material Samples/Concepts (if available)**
- ☐ **W-9 Form**

(continued)

Section XI: Certification

I certify that the information in this application is accurate, and that the organization agrees to abide by all requirements of the CARM Grant program.

Authorized Signature: _____

Name (Printed): _____

Title: _____

Date: _____

Submission Instructions:

Admission of full application is due by noon December 14, 2026.

Submit completed applications by PDF/email to:

tbenien@salinakansas.org

Or

mail/deliver hard copy to:

Visit Salina / Salina Area Chamber
Attn: Cultural Arts Committee
120 W. Ash
Salina, KS 67401

Rev. 9_4_2026