



**SONOMA COUNTY VISITOR CENTER
FUNDING APPLICATION
FY25-26**

CONTACT INFORMATION

NAME: _____ DATE: _____

ORGANIZATION: _____

PROPERTY ADDRESS: _____

CITY, STATE, ZIP: _____

MAILING ADDRESS (IF DIFFERENT FROM PROPERTY ADDRESS):

PHONE NUMBER: _____ WEBSITE URL: _____

EMAIL ADDRESS: _____

SUPERVISORIAL DISTRICT:

- District 1 (Supervisor Rebecca Hermosillo)
- District 2 (Supervisor David Rabbitt)
- District 3 (Supervisor Chris Coursey)
- District 4 (Supervisor James Gore)
- District 5 (Supervisor Lynda Hopkins)

REQUESTED OPERATIONAL FUNDING AMOUNT

Note: Funding is for visitor center operations only

TOTAL AMOUNT OF FUNDING REQUESTED FOR FY25-26: _____

FUNDING RECEIVED THROUGH SONOMA COUNTY TOURISM (if any) IN FY24-25:

VISITOR CENTER OPERATIONS

1. Please describe your Visitor Center operations and services offered:

2. What are your regular hours of operation?

Sunday	
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	
Total Hours Open:	

Do the operating hours change given the time of year? If so, how?

Do the operating hours change if staff members or volunteers call out? If so, how does this impact operations?

3. Please specify the number of paid staff members for your Visitor Center: _____

4. Please indicate the total number of hours per week the Center is staffed by paid employees:

_____ Total hours per week

5. Use of Volunteers is often an integral part of the operation of a Visitor Center. Please provide an overview of the volunteer program:

a. Number of volunteers:

_____ Total number of volunteers

b. Estimated number of total hours per week the Center is staffed by volunteers:

_____ Total estimated hours per week

6. How many visitors have you served in total per year for the last three years?

Fiscal Year	2022-2023	2023-2024	2024-2025
Walk-in			
Phone			
Email			
Website Inquiry			
Unique Website Hits			
Social Media Total Followers:			
Facebook			
Instagram			
LinkedIn			
TikTok			
X			

7. Please provide an overview of how your Visitor Center promotes your specific area and the Sonoma County region as a whole.

8. Please describe the most significant challenge(s) your Visitor Center has in operating in your area.

COMMUNITY ENGAGEMENT & IMPACT

9. How does your visitor center enhance the visitor experience and contribute to the vitality of the community?

USE OF FUNDS

10. Describe how the requested funds would be used. Keep in mind SCT funds can only be used for visitor center operating expenses.

Expenditure (please be specific regarding use of the funds)	Amount
TOTAL:	\$

11. Visitor Center Operations Grants are supplemental funding. Please describe additional funding the Center receives that will be used toward Visitor Center operations.

Additional Revenue/Source	Program/Service	Amount

12. Will there be any anticipated challenges that may impede the full use of the requested funds?