Dear Event Organizers:

This is an introduction letter to the Moffat County Tourism Association (MCTA)/ Moffat County Local Marketing District (LMD) Special Event Funding application. Please read it and refer to it when submitting your application for funding.

What and Why
Special Event Funding is budgeted to support special events that contribute to the overall effort of marketing and branding Moffat County. This includes all Moffat County communities as well as Moffat County as a whole. The vision for these funds is to portray Moffat County as a year-round visitor destination and to *increase overnight visitation*.

The Moffat County Tourism Association (MCTA) allocated funds for the purpose of *marketing events* happening in Moffat County. The funds allocated from MCTA lodging taxes are strictly for promotions that will reach potential visitors from outside the County.

The Local Marketing District (LMD) has also been dedicated to supporting events and coordinating tourism promotion activities. These funds are available for *marketing of events* and can be also be used for *event support*.

How
Funding applications will be evaluated and rated based on five primary factors:

- Tourism potential
- Long-range opportunity for growth
- Media appeal
- Potential volume of people the event will bring to Moffat County
- Event organizers' experience.

Additional factors will contribute to the committee's allocation decisions, including but not limited to the event date, whether a timely final report was filed for past events and consideration for other similar events in Moffat County.

The MCTA Board of Directors will evaluate event funding requests and distribute these funds. All reporting and funding criteria will be managed by MCTA.

When
The MCTA would encourage applicants to apply as quickly as possible for funding as it will be on a first come, first serve basis. All applications should be submitted no later than 45 days prior to the event, and the earlier the better to give time to properly market your event.

We look forward to receiving your application. Please return your completed application to:

Tom Kleinschnitz, MCTA Director   TomK@MoffatCounty.net
Moffat County Tourism Association - P.O. Box 12, Craig, CO 81626
Office: 250 W. Victory Way, 2nd floor Bank of Colorado, Craig Colorado (970) 824-2335

SPECIAL EVENT FUNDING POLICIES & REQUIREMENTS

The following items ARE acceptable marketing expenses for out-of-area advertising that may include: brochures, flyers, rack cards, posters, print, radio, television, digital or web advertising, and so on. Marketing is pre-event only, reimbursement is not valid on any event day or post event items, such as thank you ads, awards and similar items. Please be sure to include distribution points of printed materials in your marketing plan.

Limitations

It is important to note that special event marketing dollars are only to be used to promote your event outside of the three county areas (Moffat, Routt, and Rio Blanco). LMD dollars can be used for both marketing other aspects of managing and promoting your event, however the marketing criteria remains the same for both LMD and MCTA.

Reimbursement or direct payments will NOT be authorized for strictly in-town advertising.

LMD Funds can be used for event support such as payments for bands and other approved uses that involve event management. These funds cannot be used for capital expenditures.

ALL PRINT MARKETING MESSAGES MUST INCLUDE THE WEBSITE: **VisitMoffatCounty.com**

WHERE POSSIBLE ALL MARKETING MESSAGES SHOULD INCLUDE: **MCTA logo   LMD Logo**

WHERE POSSIBLE ALL ADVERTISING SHOULD INCLUDE THE MESSAGE:
 "Sponsored in part by the Moffat County Tourism Association and the Moffat County Local Marketing District"

ADDITIONAL REQUIREMENT AT YOUR EVENT:
On-site announcer acknowledgement (if event has one)
Banner placement (MCTA will provide the banners)

REQUIRED**:** It is required to have the MCTA Director proof advertising and marketing materials, including: posters, rack cards and ads to ensure that MCTA and LMD information is presented correctly. Email proofs to: mcta@moffatcounty.net

Any changes to the use of approved funding after the application has been submitted must be approved by the MCTA Director. It is the event director/chairpersons responsibility to receive approval from MCTA prior to making the expenditure. Failure to do so could result in denial of reimbursement or direct payment for expenditures.

FINAL REPORT: A final report regarding the event will be required. Final reports must be completed and submitted to the MCTA within 60 days after the event. It is the responsibility of the event chairperson to prepare and submit all information requested by the MCTA. Failure to do so could result in denial of reimbursement for expenditures. Events that do not submit complete final reports will not be eligible for future funding.   See the final report form at the end of this application.

MCTA/LMD EVENT FUNDING APPLICATION

General Information   Date(s) of Event _____

Name of Event _____   Is this a new event   YES / NO

Sponsoring
Organization _____   If NO, how many
                                                                 Years has event taken place _____

Event Contact
Person _____   If YES, is there potential
                                                           To make this an annual event? _____

Daytime
Phone: _____ Evening Phone: _____

Email: _____

Mailing
Address: _____

What is the estimated attendance percentage?   Local _____% Visitor_____%

PROJECTED INCOME & BUDGET INFORMATION
Please check all of the following elements included in your budget.

Sponsorships (Total Dollars) anticipated $_____ Pending_____Confirmed _____

Other public funds (what & how much) _____

_____ $_____ Pending _____ Confirmed _____

Other funding: _____

_____ $_____ Pending _____ Confirmed _____

Attach a budget sheet showing your entire event's detailed budget. You may use your own accounting software or provide the budget information using a detailed spreadsheet. This must include all income and expenses for the event, not just those related to the marketing, management or promotion of the event.

Marketing Amount Requested $_____ (If applicable)
Event Support Amount Requested $_____ (if applicable)

By signing below, you signify that you have read the policies and requirements and agree to adhere to all requirements. If you do not adhere to all policies and requirements, you agree to forfeit any funding allocated by the Moffat County Tourism Association and the Moffat County Local Marketing District.

Signature of Event Chairperson: _____ Date:_____

Detailed Information for event

Attach a description that explains the following:

1. Concept of your event
2. Program detail - proposed schedule of events
3. Community benefit and Impact
4. Specific break down of planned marketing and where to be used (if applicable)
5. Specific breakdown of requested event support funds (if applicable)
5. Target market
6. Proposed number of rooms nights generated by event
7. Description of a successful outcome for event

Checklist for application

1. _____ Signed Application page
2. _____ Detailed Budget
3. _____ Detailed description of event (as listed above - including advertising/marketing plan)

Applications received after the designated deadline and/or incomplete information will not be considered for funding. Any event that has not completed a Final Report from the previous year will not be considered for funding.

Be advised that the MCTA Board _may_ require a personal presentation regarding this application. The board meets on the 2nd Wednesday of each month. Other special meetings may be called to evaluate and manage special event funding.

FINAL REPORT (Due as soon as possible after the event, no later than 60 days)

Event: _____

Printed Name of Event Coordinator: _____

Actual Special Event Expenditures (only MCTA/LMD grant funds):

Vender   Amount   Event Marketing or Event Support Expense

_____

_____

_____

_____

_____

_____

_____

_____

Description of successful marketing (if applicable):

Description of event challenges that were addressed or will need to be addressed:

ESTIMATED ATTENDANCE

Event Segment   Name   Method of Counting (paid admissions or other)

_____
_____
_____
_____
_____
_____
_____
_____

FINAL REPORT (page 2)

ESTIMATED OVERALL ATTENDACE COMPARED TO PREVIOUS YEAR (if this applies):

PERCENTAGE: _____

ESTIMATED OVERALL ATTENDACE COMPARED TO PREVIOUS YEARS: (if this applies):

Narrative:

ESTIMATED LODGING GENERATED:

Number of Lodging Nights:_____ Include rational for this number:

OTHER IMPORTANT MEASUREMENTS CONCERNING YOUR EVENT (optional):

Narrative:

ADDITIONAL INFORMATION YOU WISH TO SHARE WITH THE COMMUNITY CONCERNING YOUR EVENT:

ATTACH: Final, actual financials for your event

Event Coordinator Signature: _____

Date: _____