



LMD EVENT FUNDING APPLICATION

Event Organizers:

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

HOW

Funding Applications will be evaluated and rated based on three primary factors:

1. Tourism potential
2. Long-range opportunity for growth
3. Potential volume of people the event will bring to Moffat County

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 considerations for other similar events in Moffat County.

WHEN

The application has two cycles. The deadlines are the last day in March and the last day in October of each year respectively.

We look forward to receiving your application. Please return you completed application to: Tammie Thompson-Booker, LMD Secretary: moffatlmdsecretary@gmail.com

NOTE

LMD Funds can be used for event support, including advertising and marketing. These funds cannot be used for prize money, prize giveaways, or capital expenditures. Failure to provide substantial documentation of expenditures (receipts, invoices, etc.) will result in the denial of fund and/or expense reimbursement.

ADDITIONAL REQUIREMENT AT YOUR EVENT: -

On-site announcer acknowledgment (if event has one) Banner placement (LMD will provide the banner)

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

FINAL REPORT

A final report regarding the event will be required. Final reports must be completed and submitted to the LMD Board within 60 days after the event. All final reports must be submitted at least seven days prior to the LMD Board meeting in order to be considered for the agenda. It is the responsibility of the event chairperson to prepare and submit all information requested by the LMD. 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.

**This page does not need returned with your application.*



LMD EVENT FUNDING APPLICATION

Name of Organization or Event

Today's Date

Checklist for Application

- Section 1: Cover Letter (one page)**
Include the purpose of the event funding request and a brief description of how the request fits with the Local Marketing District's (LMD) mission and event funding priorities.
- Section 2: Event Description – Attach a Description the Explains the Following:**
- A. Concept of your event
 - B. Program Details – proposed schedule of events
 - C. Community benefit and impact
 - D. Target market
 - E. Description of a successful outcome for the event
- Section 3: Completed and Signed LMD Event Funding Request Form**
- Section 4: Detailed Budget**
- A. Budget Sheet
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 management or promotion of the event.
 - B. Specific breakdown of requested event support funds and how you plan to use LMD Funds
- Section 5: Additional Requirements at Your Event**
- A. On-site announcer acknowledgement (if event has one)
 - B. LMD banner placement (LMD will provide the banner)
 - C. The LMD Board asks that you include the LMD in your sponsorship & event recognition material when such material is applicable.
- Section 6: After the Event – **DUE NO LATER THAN 60 DAYS AFTER THE EVENT****
- A. Final Report
 - B. Final detailed Profit & Loss Statement for your event
 - C. Schedule your Final Report Presentation with the LMD Board

Applications received after the designated deadline and/or incomplete information will not be considered for funding until the following board meeting or until your application is complete. Any event that has not completed a Final Report from the previous year will not be considered for funding.

Be advised that the LMD Board will require a personal presentation regarding this application. The board meets the second Thursday of each month. Requests are due the first Thursday of each month. Other special meetings may be called to evaluate and manage special requests.



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Event Funding Request Form

Name of Event:

Date(s) of Event:

Is this a new event? Yes No

If NO, how many years has the event taken place?

Event Contact Person:

Daytime Phone #:

Evening Phone #:

E-mail Address:

Address Line 1:

Mailing
Address

Address Line 2:

City:

State:

Zip Code:

What is the estimated attendance percentage?

Local (%):

Visitor (%):

LODGING: Number of room nights expected from event

Donated Rooms:

Paid Rooms:

PROJECTED INCOME & BUDGET INFORMATION:

Please check all the following elements included in your budget:

Sponsorship (Total Dollars) Anticipated: \$

Other Anticipated Public Funds (Description & Amount to be Received)

<u>Description</u>	<u>Amount (\$)</u>

Event Support Amount Requested from LMD: \$

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 Local Marketing District.

Signature of Event Chairperson

Today's Date



Moffat County
LOCAL MARKETING DISTRICT

LMD EVENT FINAL REPORT

Due as Soon as Possible After the Event – **NO LATER THAN 60 DAYS AFTER THE EVENT**

Name of Event:

Name of Event Coordinator:

Actual Special Event Expenditures of LMD Funds Only		
<u>Vender</u>	<u>Amount (\$)</u>	<u>Event Support Expense</u>

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

Estimated Attendance		
<u>Event Segment</u>	<u># of Attendees</u>	<u>Method of Counting</u> <i>Paid Admissions, Registration Forms &/or Other</i>

Total # of Visitors:
What is the Estimated Attendance Percentage?
Local (%): **Visitor (%):**

What is the Estimated Overall Attendance?
+/- Percentage Compared To:
Last Year (if applicable) (%):
Previous Year (if applicable(%):

Comments on Event Attendance:

LODGING: Number of Room Nights Estimated For the Event:

Total Number of Rooms: **Total # Donated:** **Total # Paid:**

Rationale for Room Nights Estimated For the Event:

Other Important Measurements Concerning Your Event (Optional):

Additional Information You Wish to Share with the Community Concerning Your Event:

ATTACH: Final Detailed Profit & Loss Statement for Your Event

Signature of Event Chairperson

Today's Date