



**FUNDING REQUEST
APPLICATION**

NEW EVENTS

Owatonna Area Chamber of Commerce & Tourism
Funding Request Application Form



NEW EVENTS

Type of grant request: (choose one)

Startup Event Athletic Tournament Meetings & Conventions

Legal name of application organization: _____

Is the applicant organization a registered non-profit? Yes No

Tax ID # (required by IRS): _____

Contact Person: _____ Position: _____

Mailing Address: _____

Phone: (work) _____ (home/cell) _____

Email address: _____

Mailing address and name for check to be sent if different than above: _____

New Event Name: _____

Is this a new Event? Yes No

Event(s) Description: _____

Event date(s) _____ Event location: _____

What is the future for this event(s)?

Thoroughly describe how the grant funds will be utilized: _____

Describe your Marketing Plan (or attach plan on separate document) to promote the event(s): _____

Where and how will the events(s) promote outside of Owatonna? _____

What is the expected attendance of your events(s): _____ Expected # of hotel rooms needed per night: _____

Number of visitors (+50 miles) expected: _____ Total marketing costs for non-local participation: \$ _____

Amount requested from Visit Owatonna: \$ _____ Amount from other sponsors: \$ _____

Are you also planning to solicit sponsorships directly from lodging properties? Yes No (*if yes, describe below)

Please list other sponsors and the dollar amount they will be contributing to your event(s): _____

Describe sponsorship recognition plan: _____

Will there be recycling at the event(s)? Yes No

Does the event(s) have a Risk Management Plan? Yes No

Event(s) "Rain or Shine" have any other risks for cancellation? _____

How will you communicate lodging information to out of town visitors? _____

Additional information that may be helpful: _____

PRELIMINARY EVENT BUDGET

All applications must use this provided budget form to show the anticipated budget for the event(s). A final Event Budget Form must be submitted with the Request for Payment Report after the event for the dispersal of the second half of funding. INCOMPLETE BUDGETS WILL RENDER APPLICATION INELIGIBLE.

Event Name:

Application Organization:

REVENUE	Projected Amount	OACCT Amount
Earned Income		
Registration Fees		
Ticket Sales		
Souvenirs/Sales		
Fundraising		
<i>Other (specify)</i>		
Cash Contributions		
Applicant Organization		
Donations		
Sponsorships		
<i>Other (specify)</i>		
TOTAL INCOME:	\$ -	\$ -

REVENUE	Projected Amount	OACCT Amount
Direct Cost & Operating		
Marketing & Communications		
Advertising		
Promotional Materials (flyers etc.)		
<i>Marketing (Specify)</i>		
TOTAL EXPENSES:	\$ -	\$ -

CHECKLIST OF REQUIREMENTS

To ensure every requirement is met, all applicants must complete the following checklist and Certification for submission. Any blank fields unchecked boxes or incomplete Certification will yield assumption of incomplete items and/or incomplete application.

- Completed every field of the Funding Request Application Form
- Completed the provided Preliminary Event Budget form, including where grant funds are planned to be used (other budgets and financial reports may be included to supplement application, but provided budget form **MUST** be complete)
- Attached Event Schedule (with approx. times and activities)
- Liability Insurance: All grant recipients are required to have General Liability Insurance for potential damages associated with event(s). Owatonna Area Chamber of Commerce and Tourism must **NOT** be liable for any damages associated with event(s) and listed as an additional insured on an existing policy.
- All grant recipients are required to complete a permit with the City of Owatonna. Contact the City of Owatonna to obtain all the necessary permits and license for events, parking, garbage and liquor licenses.

CERTIFICATION & SIGNATURES

I certify that: To the best of my knowledge, all the information contained in the application is true and complete.

If this application successful, I certify that:

- Owatonna Area Chamber of Commerce and Tourism will be reasonable recognized as a sponsor in the events advertising and promotional matters. This includes, but not limited to: printed materials/programs/advertisements, current Visit Owatonna logo and link on host website channeling to www.visitowatonna.org, link to lodging on visitowatonna.org, etc.
- Unless otherwise arranged, the Owatonna Area Chamber of Commerce and Tourism lodging properties will be used in lodging communications with participates.
- The Event(s) on this application will have proper Liability Insurance, and that Owatonna Area Chamber of Commerce is released from any and all claims of damages associated with the Event(s)
- The Event(s) has or will have met all local zoning regulations, acquired necessary permits, and follow all applicable local and state regulations
- The Owatonna Area Chamber of Commerce & Tourism grant fund will be used for purpose stated in the application
- The financial records of the Event(s) will be made available to Owatonna Area Chamber of Commerce & Tourism, if needed. If funds are awarded, the applicant organization will receive the first half of funding prior to the event, and the second half of funding will be received after the event when a Request for Payment Report is submitted and reviewed.

I understand that a Request for Payment Report form, including the Final Budget Form, must be submitted within 60 days after the event to receive the second half of awarded funding. Failure to do so may result in forfeiting awarded funds.

Two authorized members of the applicant organization must sign and certify the application. Unsigned applications will not be considered.

Name (please print):	Name (please print):
Position:	Position:
Date:	Date:
Signature:	Signature: