



REQUEST FOR PAYMENT REPORT

**Must be returned no later than 60 days after event*



Request for Payment Report

Submission for 2nd half of awarded funds

**Must be submitted no later than 60 days after Event occurs*

Date: _____

Name of Event: _____

Applicant Organization: _____

Contact Person: _____ Position: _____

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

Email address: _____

Event Dates: _____ Did the Event occur as proposed in the Application Yes No/See below

Please explain if answer above is no: _____

Attendance: _____ Out of Town Attendees (50+ miles radius) _____

Please thoroughly explain how the awarded funds from the Owatonna Area Chamber of Commerce & Tourism were utilized: _____

Explain how the Marketing Plan outlined in your application was actualized and the results yielded:

Thoroughly explain how the Owatonna Area Chamber of Commerce & Tourism was recognized as a sponsor:

Additional Required Attachments and Forms to Follow:

FINAL EVENT BUDGET

All organizations awarded funds must use this provided budget form to show the final budget for the event(s). INCOMPLETE BUDGETS MAY FORFEIT THE DISPERSAL OF THE 2ND HALF OF FUNDS

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:	\$ -	\$ -

PARTICIPANT TRACKING

Event Name: _____

Name of City	Distance	# of teams/visitors

# of teams/visitors	Distance Range	% of visitors	Avg Drive
	1 to 50 miles	%	< 1-hour
	50 to 100 miles	%	1 - 1.5 hour
	100 to 150 miles	%	1.5 - 2.5 hour
	150 to 200 miles	%	2.5 - 3.5 hour
	250 to 300 miles	%	3.5 - 4.5 hour
	300 + Miles	%	4.5 hours +

Total Participants:

ADDITIONAL ATTACHMENTS & CERTIFICATION

Please also attach and include materials:

- Programs, Flyers & Schedules
- Completed the provided **Final Event Budget** form, including where grant funds were used (other budgets and financial reports may be included to supplement report, but provided budget form **MUST** be complete)
- Examples of Owatonna Area Chamber of Commerce and Tourism Sponsorship Recognition
- Examples of how lodging was communicated with participants
- Examples of links to VisitOwatonna.com
- Marketing and Advertising Examples
- All other helpful materials

CERTIFICATION & SIGNATURES

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

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:

Submit report and attachments to:

kpehrson@owatonna.org

OR

Owatonna Area Chamber of Commerce & Tourism

Attn: Karen Pehrson | Director of Conventions & Tourism

320 Hoffman Drive

Owatonna, MN 55060