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**Community Event**
Tourism Grant Guidelines & Application

**Introduction**

Marshalltown Area Chamber of Commerce accepts applications for community tourism events in order to award grant dollars to assist the events in attracting visitors to the Marshalltown area. **This application must be received by the Chamber office by the 1st day of January, April, July or October.**

**New Requirement: Beginning in the July 2022, event grants will only be awarded for new events, or recurring events which have added a new program or offering to attract more visitors.**

**Organization Name:**

**Event Name:**

**Total amount of grant request:**

**Logo/Tagline Requirements**

Project materials must contain the Chamber logo or the following lanquage.

**“This project sponsored in part by Marshalltown Area Chamber of Commerce.”**

**Funding**

All funds awarded must be expended within 6 months of the date of the event.

If awarded, the grant evaluation form, included with funding, should be turned in 60 days after the event to receive future funding. Overnight stays in Marshalltown lodging must be included.

**Grant Evaluation**

A grant evaluation form will be included with a check, if grant money is awarded. The evaluation form should be turned in 60 days after the project has been completed.

**Community event**

Description of event:

Event dates: (month|day|year)

Event location:

Contact person:

Mailing address:

City, State, Zip:

Phone:

Email:

Non-Profit EIN# or Federal Tax ID Number

**Event Description**

1. Provide a brief description of your event:
2. What new event or program are you seeking funding for?
3. Have you had this event in the past?
4. What is your marketing plan and do you plan to utilize local vendors or caterers?
5. Why should these tourism grants help fund your event?

**Tourism Impact**

1. Indicate the actual number of individuals that attended the event the last time it was held if applicable.

|  |  |  |
| --- | --- | --- |
|  | **Estimated/actual numbers for this event the last time it was held.** | **Projected number for this event this year.** |
| **Volunteers/Workers/Vendors** |  |  |
| **Attendees** |  |  |
| **Total** |  |  |

1. From where will the attendees be traveling?
2. What is the estimated number of individuals this event will bring to the Marshalltown area?

|  |  |
| --- | --- |
| **Marshalltown Residents** | **Outside of Marshalltown** |
|  |  |

1. Will a hotel room block be used? Yes No
2. Estimate the number of lodging nights to be generated from this event:

 (number of rooms X number of nights = total lodging room nights)

|  |  |  |
| --- | --- | --- |
| **Number of Rooms** | **Number of Nights** | **TotalLodging Room Nights** |
|  |  |  |

1. Name of Hotels/Motels being used:

**Budget Worksheet**

**Income**

**Source** **Amount**

|  |  |
| --- | --- |
| Registration Fees | $  |
| Organization Liable for Project - Cash | $  |
| Other Grants Requested/Received\* | $  |
| Other Income\* | $  |
| Chamber Tourism Grant Request Amount | $  |

**\*Indicates items that require a narrative explanation on an additional sheet.** **Total $**

**Expenses**

**Expense Types Amount**

|  |  |
| --- | --- |
| Event Personnel to be Paid (Judges, entertainment, officials) | $  |
| Facility Rental Fees | $  |
| Travel (mileage for personnel reimbursement if any) | $  |
| Lodging Fees (for Personnel)  | $  |
| Equipment Rental/Purchase (tents, bleachers etc.) | $  |
| Operating Expense of Event | $  |
| Capital Expense | $  |
| Other Expense | $  |

 **Total $**

**Funding**

1. **Total amount requested from Marshalltown Chamber:** $

*Grant requests are based on potential tourism and at the discretion of the Chamber Board*

1. What is the total cost to run your event? $
2. Has your organization received a grant from the Chamber Tourism/CVB in the past? Yes No

Provide the date and amount of previous grants.

|  |  |
| --- | --- |
| **Date** | **Amount Awarded** |
|  | **$** |
|  | **$** |

|  |  |
| --- | --- |
| **Date** | **Amount Awarded** |
|  | **$** |
|  | **$** |

1. If a Chamber Tourism Grant is unable to fund this request, will the event still occur? Yes No
*Explain:*
2. Does your event make a profit? Yes No

If yes, what is done with the profits?

**Requirements Check List**

Contacted the Chamber prior to submitting this request. (ddoes@marshalltown.org or 641-753-6645)

Submitted application received by the Chamber office by the **1st day of January, April, July or October**.

Organization is a non-profit

**All** areas of the application are completed.

Complete project cost information and current quoted estimates are included with the application. (Providing a full budget is recommended.)

Funding report back withing 3 months of event

**Application Process**

This application begins the process for grant consideration and applicants will be notified within 30 days after the grant application deadline regarding their funding status.

I understand projects funded through Marshalltown Area Chamber of Commerce must contain their logo and website. I agree to comply with all requirements.

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Signature of person completing application Date

**Questions****Dylan Does, Tourism Director** 641-753-6645 **ddoes@marshalltown.org**

You will receive a confirmation email acknowledging receipt of your application materials. If you do not receive an acknowledging receipt within 7 days contact our office.

**Mailing Address**

Marshalltown Area Chamber of Commerce

Grant Program

PO Box 1000

Marshalltown, IA 50158

Email: ddoes@marshalltown.org