

City of

Moberly!

Name of Organization: _____ Date: _____

Contact Person: _____

Address: _____ Telephone: _____

Date of Event: _____ Name of Event: _____

How Event Promotes Tourism in Moberly

What are the specific, measurable Tourism benefits your event or capital project produces?

How does your event promote tourism, conventions, and other events within the city?

How does your event attract non-residents?

If your application were accepted, how would the tourism funds granted be used? (If marketing, fill out itemized marketing budget)

Financial Statement (See Attached)

Statement of Assurances

Any funds received under this grant will be used for the purposes described in this application. The figures, facts, and representations in this application are true and correct to be best of my knowledge.

Name (Please Print): _____

Signature: _____

Date: _____ Title or Office Held: _____

City of

Moberly!

Name of Organization: _____

Contact Person: _____ Phone: _____

Address: _____ Date of Event: _____

Amount of Award: _____ Date Granted: _____

Summary of Event

Attendance: _____ Moberly Hotel/Motel Rooms Used: _____

Average Stay (# of nights): _____

If Moberly motels sold out, list other accommodations that attracted overnight visitors:

Comments: _____

Describe the general impact this event had on the Moberly Community:

Describe the Success of this event"

