

Name of Organization:		Date:	<u> </u>		
Contact Person:			÷,		
Address:			- 1 ³		
Date of Event:					
How Event Promotes Tourism	m in Moberly				
What are the specific, measurable	Tourism benefits your e	vent or capital project	produces?		
			<u> </u>		·
How does your event promote tou	rism, conventions, and o	ther events within the	city?		ing Nama
	· · · · · · · · · · · · · · · · · · ·				
How does your event attract non-re-	esidents?				:
				<u> </u>	
				<u> </u>	-
If your application were accepted, itemized marketing budget)	how would the tourism	funds granted be used		g, fill out	
Financial Statement (See Attache	ed)		: :-		
	Statement of As	surances			
Any funds received under this gran facts, and representations in this ap	at will be used for the purplication are true and co	rposes described in the	is application knowledge.	. The figures,	
Name (Please Print):		<u></u>			
			·		
Date:	Title or Office Held	l:		. -	.:

Detailed Budget

Date of Event:		Date of Application:		
Prongou.			-	
Sponsor:				
		Actual Last Year 20		
			- 	
	·	OR First Annual Budget	Estimated Pres	ent Year 2
		rnst Annual Duuget		
ncome (Estimated)	-			
Rental Booths	A .	· .	<u></u>	<u> </u>
intry Fees/ Gate Receipts	\$		\$	
Oonations/ Sponsorships -Shirts and Souvenirs				
ood and Drinks, Etc.				<u> </u>
Noberly Tourism Grant	\$			
ther: (Explain)	Þ		 	
ther. (Explain)			<u> </u>	<u></u>
				<u> </u>
				
xpenses (Itemized)	<u> </u>			
dvertising *				
-Shirts and Souvenirs Food,	·			· .
rinks, Etc.				
abor Costs				
ntertainment				
upplies				
ostage entals				
surance		<u> </u>	<u> </u>	
ayout, awards, prizes, contest				
innings				
ther (Explain)				
		· · · · · · · · · · · · · · · · · · ·	<u> </u>	<u>. </u>
otal Expenditures				
timate Value of In-Kind				
rvices (Explain)	4.6		out itemized marketing b	

Itemized Budget of Marketing Grant Funds

(Grant column should match grant dollars in detailed budget) (Total cost should match Advertising dollars in detailed budget)

Item	Description		Total Cost	Grant
<u> </u>			· · ·	
: 				
:				
		<u> </u>	· · · · · · · · · · · · · · · · · · ·	
				<u> </u>
				
_			· ·	
				·
	TOTAL			



Name of Organization:					
Contact Person:	Phone: Date of Event:			<u>-</u>	
Address:					
Amount of Award:		_ Date Granted			
	Summary of	f Event			
Attendance:	Moberly H	otel/Motel Room	ms Used:		
Average Stay (# of nights):			%. 		
If Moberly motels sold out, list other accom	modations that at	tracted overnig	nt visitors:		
					
Comments:					
				·	
	·		· ·	· · · · · · · · · · · · · · · · · · ·	
Describe the general impact this event had o	n the Moberly Co	ommunity:		:	
	·			<u> </u>	
				.:	
			÷.		
Describe the Success of this event"					
	· · · · · · · · · · · · · · · · · · ·				
	_	· · · · · · · · · · · · · · · · · · ·			
				-	

Profit and Loss Summary of Event

income (Estimatea)	Estimated Present Year 20
Rental of Booths	<u> </u>
Entry Fees/ Gate Receipts	\$
Donations/ Sponsorships	
T-Shirts and Souvenirs	
Food and Drinks, Etc.	
Moberly Tourism Grant	
Other: (Explain)	
· 	
Total Income	\$
Expenses (Itemized)	
Advertising	
T-Shirts and Souvenirs	
Food, Drinks, Etc.	
Labor Costs	
Entertainment	
Supplies	
Postage	
Rentals	
Insurance	
Other (Explain)	
Total E	\$
Total Expenditures	7
T1	
Estimate Value of In-Kind	
Services (Explain)	

	ith Summary of	27 Ont 101111.			
				:	
				 	
					
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		· · · · · · · · · · · · · · · · · · ·			
			·		
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	· · · · · ·				
To the best of my	knovyledge the	information give	n to the Mahanlar	Farriam Commi	44
concerning the abo	ove event is fac	tual. I understand	that the Moberly	Tourism Comm	ittee may
require receipts ve	erifying expend	itures.			÷
Signed	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	Title		
Date					

Failure to complete this form within 60 days of the above event may result in denial of funds for future events. Mail this form the to City of Moberly Tourism Commission, 101 West Reed, Moberly, MO 65270, Attention: Moberly Tourism Commission.