

**2016-17 Event Bid and Sponsorship Application October 4, 2016-January 5, 2017.
Due: Ongoing from July 15, 2016, to June 30, 2017. Bids must be awarded by May 15,
2017. Applications are evaluated within two weeks of receipt.**

Guidelines may be modified quarterly.

Submission Date:

FY

Amount Requested from the State: \$

Minimum request is \$1,000.

Bid Fee \$

Date Bid will be awarded:

Date of Event:

Please Note: Funds are not retroactive.

Important: Please read the Explore Minnesota Grant Guidelines for New Events before completing this application form. Please enter your responses into a downloaded application, or provide your responses by printing them clearly on a printed, blank application. When submitting the completed application form, be sure to also provide all required attachments. Please ensure all applicable questions are answered in order for the application to be considered complete.

SECTION 1: General Information

Name of Applicant Organization:

Contact Person:

Position Title:

Phone (Daytime):

Phone (Secondary):

Fax:

Email:

Mailing Address:

How long has the applicant organization been in existence? Less than one year; or years

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

If not, is the applicant organization a college, university or other major facility? Yes No → If you responded “no” to both parts of this question, the organization does not qualify for funding under this program.

Is the applicant a registered SWIFT vendor in the State’s accounting system? Yes No Not sure
→ If “no” or “not sure,” you may need to complete a W-9 Form, which will be sent to you separately.

Endorsing Designated Marketing Organization (DMO) or Chamber of Commerce Information

Name of Endorsing DMO

DMO Contact (officer or employee available to answer any/all follow-up questions)

Contact Email

Signature of President/CEO (Please print and sign or use digital signature)

Section 2: Event Information

Official Event Name

Venue

Event Website

Event Owner

Contact:

Event Description (150 words):

Is this event open to the general public? Yes No → If no, the event does not qualify for funding under this program.

Is this event new to Minnesota (i.e., not held in Minnesota in the previous three years)? Yes No → If no, the event does not qualify for funding under this program.

Is this an entirely new event that has not been held previously in your community or elsewhere? Yes No

How many years will the event be held in Minnesota beyond the year for which you are applying for funding?

0 (Check if no additional years) or years or annually from now on.

Please provide the following for the previous three years, or as many years as the event has been held if less than three. Out-of-state attendance is attendance by residents of states other than the state where the event was held:

1. Year:	
Location:	
Contact:	
Overall Attendance:	Out-of-State Attendance:
2. Year:	
Location:	
Contact:	
Overall Attendance:	Out-of-State Attendance:
3. Year:	
Location:	
Contact:	
Overall Attendance:	Out-of-State Attendance:
Source of Information:	

Responses below accompanied by an asterisk (*) will be used by the State as inputs for estimating some event-related impacts, including direct visitor spending and tax impacts of the event. A copy of the Event Economic Impact Worksheet is available for viewing here: exploreminnesota.com/eventgrants_impactworksheet

Length of Event

First Day of Activities

Last Day of Activities

- * Total number of days of the event
- * Total number of nights during the event

Attendance - Where used below, event attendance in person-days counts one person attending a multi-day event once for each day in attendance (example: John Smith attends on Saturday and Sunday=two person-days).

- * Anticipated person-days of **local** attendees with no paid overnights, where local attendees live within 50 miles of the event
- * Anticipated person-days of attendees on **day trips** from their residence located 50 miles or more away from the event
- * Anticipated person-days of attendees on **unpaid overnight trips** where attendees are staying at unpaid accommodations, for example with friends or relatives
- * Anticipated person-days of attendees on **paid overnight trips** where attendees are staying in paid lodging
- * Total person-days (must equal the sum of local attendees, day trip attendees, unpaid overnight trip attendees, and paid overnight trip attendees above).

- * Anticipated total **paid attendance** for the event
- * Average **pre-tax ticket cost** for the event

Lodging - Where used below, a paid lodging room night is a lodging room rented for one night at a paid lodging establishment, regardless of the number of occupants in the room.

Does your community and the surrounding area have available lodging capacity to accommodate the anticipated room nights? Yes No → If no, the event does not qualify for funding under this program.

- * Total number of rooms at all lodging properties in your DMO-branded area
- * Anticipated TOTAL paid lodging room nights attributable to the event
 - * How many of the anticipated total paid lodging room nights will be at properties in your DMO-branded area?

Does the event occur entirely or partially off-peak (i.e., after Labor Day weekend and before Memorial Day weekend)? Yes No If yes, what portion of anticipated total paid lodging room nights will be off-peak? %

What segment of the week typically has the higher occupancy rate in your area during this time of year (i.e., when the event will occur)?

Mid-week (Sunday-Thursday) Weekend (Friday-Saturday)

What portion of anticipated total paid lodging room nights will be (sum = 100%):

Mid-week (Sunday – Thursday)? %

Weekend (Friday – Saturday)? %

Based on projections from the past two or more years, what average pre-tax room rate would you anticipate this time of year for event lodging properties, absent the event? *\$

What is the anticipated average pre-tax room rate for these same properties during the event? *\$

What is the local lodging tax rate? (0% if none) * %

What is the local general sales tax rate where the event is being held? (0% if none) * %

Based on projections from the past two or more years, what average lodging occupancy rate would you anticipate this time of year for event lodging properties, absent the event? * %

What is the anticipated average lodging occupancy rate for these same properties during the event? * %

Local Participation, Facilities, Contracts, Risk Management and Staffing Plans

Will the event use a facility/ies outside the area of your DMO-branded area?

Yes No

If yes, please describe:

Will local citizens have an opportunity to participate in the event, e.g., via participating directly in competitions, participating in demonstration opportunities, attending the event, volunteering, etc.? Yes No

If yes, please describe and quantify local participation as best as possible:

Acknowledgement of Explore Minnesota Support; PR/Media; Diversity

Please describe your plan to promote the Explore Minnesota brand. At a minimum, address how you will meet the requirement that the Explore Minnesota logo and a link to exploreminnesota.com will be used in conjunction with the event. Additionally, describe things like if/how Explore Minnesota will be recognized in sponsor acknowledgement; and whether or not the State will be allowed usage rights of the event name, logo and details of the event:

Please describe and quantify how this event will contribute to public relations and media awareness of Minnesota as an event destination. As specifically as possible, describe anticipated total estimated dollar value or total impressions of public relations and media coverage, including the percent of the total you anticipate for local, state, multi-state regional, and national/international coverage:

Please describe and quantify how this event focuses on meaningful programming from diverse racial, ethnic or linguistic groups:

Additional Considerations (e.g., things not covered on this application that you consider to be important for evaluating the event for possible funding, including but not limited to community legacies like facilities or equipment built or acquired for the event)

Note: Attach a detailed marketing plan for this event, including demographic and geographic targets and investments. Include a breakdown of marketing investments for in-state Minnesota versus out-of-state.

If you receive less than 100% of the amount you are requesting for this event, will it impact your bid for the event? Yes No If yes, please describe the anticipated impacts:

SECTION 4 Certification and Signatures

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

A detailed report outlining the results of the event will be sent to Explore Minnesota within 90 days of the completion of the event.

The financial records of this event will be made available for audit and on-site inspection by the State for up to six years after the conclusion of the event.

Explore Minnesota will be given appropriate recognition as a funding partner as per the Guidelines.

Two authorized members of the organization must sign the application. (One must be CEO or Director, along with another officer or official)

Unsigned applications will not be considered.

Name:

Position:

Date:

Signature:

(Please print and sign or use digital signature)

Name:

Position:

Date:

Signature:

(Please print and sign or use digital signature)

Section 5: Checklist

EMT Checklist of documents required:

- Signed letter of support from DMO or Chamber of Commerce

Please submit to:

Lori A. Peterson
Events Grant Coordinator
Explore Minnesota Tourism
121 7th Place East, Suite 100
St. Paul, MN 55101
Phone: 651-757-1876
E-mail: Lori.A.Peterson@state.mn.us