

EMT Operation Funding Application

Starting in August 2017, applications for new events grants are accepted on an ongoing basis.

Submission Date: _____ FY _____

Amount Requested from the State: _____

Total Event Cash Budget \$ _____

Dates of Event: _____

NOTE: All expenses must be paid out by June 30, 2022 Minimum request is \$5,000.

Please Note: Explore Minnesota Tourism (EMT) 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. If you are entering responses into a downloaded application, you may provide clarification of responses, if needed, in the "clarifications" area at the end of Section 3. 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. After the event, you will be required to provide a report that includes a final budget/income/expense statement with acceptable documentation. As part of the final report, you will also be required to provide actual values for many of the anticipated values provided in the application. This will allow better estimations of actual event-related impacts, including direct visitor spending and tax impacts of the event. You will also be required to document how the event increased media awareness of the state as an event destination.

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 or Chamber of Commerce (DMO) Information

Name of Endorsing DMO

DMO contact (officer/employee available to answer follow-up questions)

Contact Email

Signature of President/CEO

Local Organizing Committee / Event Host Organizer

Has the DMO created a partnership with a Nonprofit Local Organizing Committee (LOC) to enter into an agreement with the Site Selection Organization to host the event? Yes No

If “YES,” provide the following information for the LOC:

Designated LOC

LOC Complete Business Name

Contact Person who is responsible for organizing this event

Contact Email () Contact Phone

Section 2: Event Information

Official Event Name Venue(s)

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 occurrences of the event years, or for as many times as the event has been held if fewer 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

* _____ Number of days of the event

* _____ Number of nights during the event

Attendance - Where used below, event attendance in person-days counts one person attending a multi-day event for each day in attendance (ex: 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 the time of year 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 (i.e., excluding state sales tax and local sales tax on non-lodging sales) where the event is being held? (0% if none) * _____%

What is the local sales tax rate (i.e., excluding state sales tax and local lodging tax) where the event is being held? (0% if none) * _____%

Please provide a detailed breakdown of the local taxes included in the local sales tax rate, if multiple local sales taxes apply _____

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:

Do you have a valid contract in place to host this event? ___Yes ___No

Are required facilities and venues contractually committed for this event? ___Yes ___No

Note: You must provide copy(ies) of facility and venue contract(s) or, alternatively, letter(s) of intent from the facility or venue confirming space reservation.

Please attach a copy of the Risk Management Plan addressing safety and weather concerns for the event. If you do not have one, please describe your plans to address safety- and weather-related risks:

Do you have an assessment of volunteer and staff needs and an associated recruitment plan?

___Yes ___No If yes, please describe:

If you receive less than 100% of the amount you are requesting for this event, will it impact the event? ___Yes ___No If yes, please describe the anticipated impacts:

Acknowledgement of EMT Support; PR/Media; Diversity; Marketing Plan

The current Explore Minnesota logo and a link to ExploreMinnesota.com must be incorporated in all marketing assets. Please describe your plan to promote the Explore Minnesota brand. 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 the anticipated total estimated dollar value or impressions of public relations and media coverage, including the percent of the total you anticipate for local, state, multi-state regional, and national/international:

Please describe and quantify if/how this event focuses on meaningful marketing outreach and programming for diverse populations including racial and ethnic communities; LBGTQI communities; disabled persons; veterans; persons from diverse Minnesota geographic areas including greater MN and urban/metro:

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, and specifically addressing marketing elements that reach outside a 50-mile radius of the local area of the event.

SECTION 3 BUDGET for entire event. Maximum state funding cannot exceed 1/3 of total cash expenditures for events requesting \$100,000 or less, and cannot exceed 15% of total cash expenditures for events requesting more than \$100,000. When applying for a grant, please fill in only the projected column(s). You will be required to fill in the actual column(s) after the event.

Note: Complete the tables in this section, even if you are also providing budget information separately.

Applicant Organization	
Name of Event	
App # (internal use only)	

EVENT REVENUE		
Name of Applicant Organization		
Name and Date of Event		
Application Number (internal use only)		
Revenue	Projected Dollar Amount	Actual Dollar Amount
Earned Revenue		
Registration fees		
Ticket sales		
Souvenirs		
Fundraising		
Other (specify)		
CASH Contributions from Applicant and Partners		
Applicant Organization		
Local Government		
Other Government (i.e. Federal)		
Donations		
Sponsorship (specify)		
Other (specify)		
Total Revenue		
Provide details of Corporate and Business Sponsorships below: (If table space is insufficient, please provide additional information in this space or attach separately.)		
Name of Sponsors (local / National)	Value of Support	
	Cash	In-Kind

If table space is insufficient, please expand the table or attach additional information.
 What portion of overall projected event revenue will come from corporate sponsorship? ____ (%)

EXHIBIT B - ELIGIBLE EXPENSES PRELIMINARY EVENT BUDGET

Name of Applicant Organization			
Name and Date of Event			
Application Number (internal use only)			
Expenditures	Projected	Actual	
	Total Dollar Amount	Total Dollar Amount	EMT Amount
Fees			
Sanctioning fees			
Officials fees			
Direct Costs			
Facility (excluding capital expenditures)			
Insurance			
Lodging Accommodations			
Banquets, receptions and ceremonies			
Security			
Medical			
Equipment (specify) Must be pre-approved			
Temporary Structures			
Fencing			
Porta Potties			
Signage and tickets			
Photography and videos			
Uniforms			
Paid Volunteers			
Other (specify) Must be pre-approved			
Communications/Marketing			
Promotional Material (program guide, etc.)			
PR Hard Costs			
Website design/production			
Advertising			
Marketing (specify)			
Overhead			
Administration			
Office supplies			
Rental of space			
Total Expenditures			

EXHIBIT B - ELIGIBLE EXPENSES

FINAL EVENT BUDGET

Grantee: Please provide actual values to replace many of the anticipated values as noted in "Exhibit B – Budget" of your Grant Contract. This form **must be completed and included** when submitting the "Request for Final Reimbursement" form along with all the final invoices, Event Financial Reconciliation form and other supporting documentation showing the Grantees two-thirds cash expenditures match (receipts and/or proof of payment).

Name of Applicant Organization			
Name and Date of Event			
Application Number (internal use only)			
Expenditures	Projected	Actual	
	Total Dollar Amount	Total Dollar Amount	EMT Amount
Fees			
Sanctioning fees			
Officials fees			
Direct Costs			
Facility (excluding capital expenditures)			
Insurance			
Accommodations			
Banquets, receptions and ceremonies			
Security			
Medical			
Equipment (specify) Must be pre-approved			
Temporary Structures			
Fencing			
Porta Potties			
Signage and tickets			
Photography and videos			
Uniforms			
Paid Volunteers			
Other (specify) Must be pre-approved			
Communications/Marketing			
Promotional Material (program guide, etc.)			
PR Hard Costs			
Website design/production			
Advertising			
Marketing (specify)			
Overhead			
Administration			
Office supplies			
Rental of space			
Total Expenditures			

Section 5: Checklist

EMT Checklist of documents required:

- Signed letter of support from DMO
- References from events rights holders and/or venues (minimum of two, maximum of five)
- SELECTION Letter clearly indicating the selected LOC, the selected municipality, and the event date.
- Detailed Marketing Plan
- Contracts or letter(s) of intent demonstrating that facilities and venues have been reserved for the event.
- Financial document – All applicants must submit one or more of the following:
 - Grant applicants with annual income of under \$50,000, or who have not been in existence long enough to have a completed IRS Form 990 or audit, must submit their most recent board-reviewed financial statements.
 - Grant applicants with total annual revenue of \$50,000 or more and less than \$750,000 must submit their most recent IRS Form 990.
 - Grant applicants with total annual revenue of over \$750,000 must submit their most recent certified financial audit

SECTION 5 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:

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

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

I will provide proof of adequate and appropriate insurance coverage as required by the State.

Our organization will generate the remainder of non-state funding to operate this event, as outlined in the budget.

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 (please print): _____

Name (please print): _____

Position: _____

Position: _____

Date: _____

Date: _____

Signature: _____

Signature: _____

Please submit to:

Lori A. Peterson
Events Grant Coordinator
Explore Minnesota
121 7th Place East, Suite 360
St. Paul, MN 55101
Email: Lori.A.Peterson@state.mn.us
Phone: 651-757-1876