

**Motel Tax Management Committee of RACC**  
**2008 Tourism Partnership Grant Program**  
**Application Agreement Form**

**After reading the agreement instructions listed below, please complete the attached application and return it to the Chamber office.**

1. **Funding Criteria:** Funding for this grant is made possible through the collection of Motel Tax Money. Priority for funding is based on the ability to attract visitors for an overnight or multiple stay at our local hotels and bed & breakfasts. *Application will be evaluated using a point evaluation system – copy attached for reference.*
2. By signing this contract, you as the representative of an organization, or an individual, agree to the following procedures if your application is accepted:
  - *To use the Chamber of Commerce logo or acknowledgement on all printed advertisements of the event.*
  - *If radio advertisements are used, you agree to mention TPG Funds supported the event.*
3. Within 30 days following the event, you must provide in writing to the Chamber of Commerce, the following information:
  - *Estimated attendance*
  - *Visitor's home base (city, county, state or country)*
  - *Photos of the activity/event/project*
  - *A summary describing the impact of your event or activity toward Rolla tourism*
  - *Income and expense summary of the event*
  - *Paid Advertising Receipts*
4. Failure to comply with these requests will eliminate the eligibility for you or your organization to funding.
5. Applications must be submitted 90 days prior to the event for consideration. A personal presentation will be necessary prior to funding (this should not be a power point presentation).
6. Notification of approval will be no later than 30 after submission and after review by Motel Tax Management Committee.
7. Send request to: **Rolla Area Chamber of Commerce, Attn: Motel Tax Grant Program, 1301 Kingshighway, Rolla MO 65401** or fax to **573-364-1966**.

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**ORGANIZATION:** \_\_\_\_\_

**NAME OF EVENT:** \_\_\_\_\_

**CONTACT NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**PHONE #:** \_\_\_\_\_ **FAX #:** \_\_\_\_\_

**E-MAIL:** \_\_\_\_\_ **WEB:** \_\_\_\_\_

**DATE OF EVENT:** \_\_\_\_\_

**IS THIS AN ANNUAL EVENT: YES NO**

**EVENT LOCATION:** \_\_\_\_\_

**PLEASE DESCRIBE THE EVENT AND THE BENEFITS TO COMMUNITY:**

*(100 Words or less – attach additional information)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**NUMBER OF EXPECTED VISITORS:** \_\_\_\_\_

**NUMBER OF EXPECTED HOTEL/MOTEL ROOMS NEEDED:** \_\_\_\_\_

**TOTAL EVENT REVENUES:** \_\_\_\_\_

**DOLLAR AMOUNT REQUESTED (UP TO \$3000): \$** \_\_\_\_\_

**TOURISM FUNDS ARE TO BE USED FOR ADVERTISING COSTS ONLY. LIST YOUR ADVERTISING PLAN & COSTS:**

*(Use a separate sheet if needed – Be specific)*

\_\_\_\_\_

Submitted by: \_\_\_\_\_ Date: \_\_\_\_\_

