

TRI-COUNTY LODGING ASSOCIATION
Special Event/Festival Funding Request

Thank you for your interest in submitting a funding request. The Special Events and Festivals Committee will review your request and make a recommendation to the full board at their next regularly scheduled meeting. **YOU MUST INCLUDE A DETAILED BUDGET FOR THIS EVENT (INCLUDING ALL ANTICIPATED REVENUES AND EXPENSES) along with this completed form.** Requests made for more than \$2,000.00 may require a presentation to the TCLA board at their next regularly scheduled meeting.

Special Events and Festivals Committee Mission Statement: **To assist special events and festivals that generate measurable overnight accommodation room nights, and to promote the Lake of the Ozarks, with the goal of the event or festival financially sustaining itself at some point in the near future.**

Event or Festival Name: _____

Date(s) of Event or Festival: _____

Brief Description of the Event: _____

Name of Person/Organization Completing Form: _____

Phone #: _____ Fax #: _____

E-mail: _____

Event/Festival Geographical Location: _____

Host Hotel(s) for Event: _____

Expected Number of Accommodation Facilities Utilized: (Please include Hotels, Motels, Resorts, Campgrounds, Houseboats, Homes and Condos) _____

Expected Total Number of Accommodation (Room) Nights Generated: _____

Previous Years Total Accommodation (Room) Nights Generated: _____

If this is a first year event please give past history from other locations of where overnight accommodation room nights were generated for this type of event.

Other Location(s): _____

Number of Room Nights Generated at Other Location(s): _____

Years Event has been in existence: _____

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Is this an annual event? _____

Is this a “For Profit” Event: Yes No Expected Total Attendance: _____

Expected attendance from within a 50 mile radius of event: _____

Expected attendance from farther than 50 mile radius of event: _____

Additional Funding Sources (amounts should be included in budget): _____

TOTAL TCLA FUNDS REQUESTED: \$ _____

Please Specify How the Requested TCLA Funds will be used:

What percentage of your advertising budget will be spent on advertising/marketing this event within a 50 mile radius of the event? _____

What percentage of your advertising budget will be spent on advertising/marketing this event Outside of a 50 mile radius? _____

Insurance Carrier: _____

New events may receive half of the approved funds at the time the request is approved and the other half upon successful completion and presentation of post event report. This is very important and will help us determine if support will be given in the future for this event. Please see attached form.

Please email the completed questionnaire back to Rebecca@funlake.com or you can mail it back to P.O. Box 1299, Osage Beach, MO 65065. To allow for proper planning, questionnaires should normally be submitted for review at least three to six months prior to needing the funding or prior to the date of the event. Also keep in mind that the TCLA fiscal budget runs from July 1st through June 30th.

Date Submitted: _____

Received By: _____