



2019 EVENT ASSISTANCE PROGRAM

GUIDELINE & APPLICATION

EVENT ASSISTANCE PROGRAM

GUIDELINES

Introduction:

Visit Greater St. Cloud CVB Event Assistance Program is designed to advance the economic and community development benefits associated with meetings, conventions and sporting events in the Greater St. Cloud Area. This program is intended to specifically help planners offset event costs when hosting in the Greater St. Cloud Area.

Event Assistance Program Gives Priority to the Following:

- New events to the area
- Events attracting visitors from a 65+ mile radius
- Multi-day events
- Events working directly with the Visit Greater St. Cloud CVB to assist with venue bids and/or hotel room blocks

Event Assistance Application Process:

- All Applications must be complete and typed
- Include the following:
 - All supporting documents
 - Event budget outline
- Email completed application to Erin@visitstcloud.com
- The application committee will contact you directly to review your status within **30 days** of submission

Fundable Expenses:

Only expenses falling under these categories may be eligible to receive reimbursement funding from the Visit Greater St. Cloud CVB:

- Event Marketing
 - Must be purchased in markets at least 65+ miles radius outside the Greater St. Cloud Area
 - May be print, digital, billboard, etc.
- Direct Mail Campaign Expenses
 - Development, printing, and postage (Must include Visit Greater St. Cloud CVB Logo)
- Printed Materials
 - Pre-event promotional pieces that encourage participation in the event (Must include Visit Greater St. Cloud CVB Logo)
- Bid fees, rights fees, or guarantee money for events or tournaments
- Equipment, AV or venue rental
- Fees and cost for officials
- Food & beverage for the event (excluding alcohol)
- Direct hotel billing
- Shuttle Transportation for attendees

Non-Fundable Expenses:

Expenses not directly related to the active promotion of a non-professional sporting event are not eligible for reimbursement. Examples of ineligible expenses would include:

- Travel cost of applicant staff
- Lobbying fees
- Restaurant meals
- Items that are purchased for resale
- Prizes given to event participants
- Alcoholic beverages
- Staffing
- Metered parking

EVENT ASSISTANCE PROGRAM

APPLICATION

1. Applicant's Information

Organization: _____

Address: _____

City, State, Zip: _____

Website: _____

Contact: _____

Title: _____

Email: _____

Phone: _____

2. Event Information

Event Name: _____

Event Dates: _____

Please Check One: _____ Meeting/Convention _____ Sporting Event

Have the Venue/Facilities Been Secured? _____ YES _____ NO

Proposed Venue/Facilities: _____

Estimated # of Total Attendees: _____

Estimated Attendees Traveling 65+ miles to Event: _____

Estimated # of Hotel Rooms Needed Each Night: _____ # Of Nights: _____

This Event Would Be:

- Recurring Event
- New Event **Priority Event*
- One Time Event
- Other

3. Event History

Previous Event Location: _____

Date: _____ Total Attendees: _____ Room Nights: _____

Previous Event Location: _____

Date: _____ Total Attendees: _____ Room Nights: _____

Please List Any Years This Event Has Been Hosted in This Community:

Please List Any Future Years That the Event Will Be Hosted in This Community:

Please List Other Locations and Years That This Event Has Been Hosted in Minnesota:

EVENT ASSISTANCE PROGRAM

APPLICATION

4. Funding

Event Assistance Amount Requested: _____

Are You Receiving Additional Funding Elsewhere? _____

Explain How Event Assistance Funds Will Be Used:

5. Recognition

Explain How You Will Recognize Visit Greater St. Cloud CVB. Examples Include: Signage, Marketing Material, Social Media, Naming Rights, Etc.

6. Agreements – Applicant

** Please Initial to Indicate That You Agree to The Following Responsibilities*

_____ I Will Use the Event Assistance Funding in A Manner Outlined by Visit Greater St. Cloud CVB

_____ I Will Recognize Visit Greater St. Cloud CVB In Marketing Material

**I Hereby Certify That I Have Read and Understand the Visit Greater St. Cloud CVB Event Assistance Program Guidelines, Policies and Procedures, and That All Information Included in the Application Is True and Complete.*

Name: _____

Title: _____

Signature: _____

Date: _____