FCCVB Marketing Co-op Application

To apply for a marketing co-op from the Finney County Convention and Visitors Bureau (FCCVB), complete this form in its entirety and submit. Please keep in mind that in order to qualify for a FCCVB co-op, you must demonstrate that an event or project will attract **overnight visitors** to Finney County, so please provide us with as much information as you can.

Note: The large fields within this form will expand to accommodate your information, and you can copy/paste in them as well.

## Event Manager/Executive Board or Organizing Committee

### Event Planner/Manager Name and Contact Information

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| --- | --- | --- |
| Name: |  |  |
| Street Address: |  |  |
| City/State/Zip Code: |  |  |
| Telephone: |  |  |
| Email: |  |  |

## Project/Event Information/Amount Requested

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| --- | --- | --- |
| **Name of project/event:** |  |  |
| **Date(s) of project/event:** |  |  |
| **Total Event Budget:** |  | $ |
| **Marketing Co-op requested:** |  | $ |

### Event Description

Describe the event and its various elements in more detail. Give an overview of the intended event content or program. You may copy and paste text into the box below; it will expand automatically.

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## Mission Statement/Objectives

### Mission Statement

The mission statement should indicate what the event is trying to achieve and who would be attracted to come. The mission statement should be about two sentences long and answer the following questions:

* Who are your visitors and what are their entertainment needs?
* What are the core activities of our committee or board, and why are these activities important?
* How can we use the event to promote our area?

State the **Mission Statement** of your event in the box below. You may copy and paste text into the box; it will expand automatically.

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### Objectives

Just a few words are all that is required for each objective. After the event is over, you will then be able to review the outcome of the event against your objectives. Some examples are:

* Attract a minimum of 1500 visitors; 500 of those will travel further than 90 miles to come.
* Generate at least 100 room rentals in Garden City.
* Have an economic impact of no less than $25,000.

State the **Objectives** of your event in the box below. You may copy and paste text into the box; it will expand automatically.

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## Master Event Timeline

An effective event planning timeline serves as a blueprint for a successful event. A master event timeline is an outline of all of the tasks that must be completed in the order they need to be addressed to ensure that your event runs smoothly without any major problems.

Create your master event timeline on a spreadsheet or a Gantt chart. Submit this timeline with your marketing co-op application.

## Financial Planning –Outside Funding/Event Budget

### Outside Funding

Please list below all grants, sponsorships, and in-kind funding you have secured for this event. If you need additional space, you may add lines or submit this separately on an Excel spreadsheet.

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| **Funding Source Name** | **In-kind funding or dollar amount?** | **Dollar amount or value of in-kind transaction** |
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### Budget

Use a spreadsheet to draw up a detailed budget of projected income and expenditures for the project. Submit this budget with your grant request.

## Event Details and Specifics

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| --- | --- | --- | --- | --- |
| 1. Is this a new event?
 | Yes |  |  No |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. Will the event occur on a weekend?
 | Yes |  |  No |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. Will the event last more than one day?
 | Yes |  | No |  |

1. What is unique about the event?

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1. What area businesses will benefit from the event?

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1. What will be the overall benefit to tourism in Finney County?

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1. Will you be working with other events occurring at that time to share advertising/marketing for your events? If so, list who you will be working with and provide details about the marketing partnership.

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### Estimated Number of Visitors

1. Please provide the number and type of visitors you expect to attend your event:

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| --- | --- | --- |
| **Locals** (people who live in Finney County) |  |  |
| **Day trippers** (people who live outside the county, but will probably not spend the night) |  |  |
| **Overnight visitors** (people who will spend the night in a local hotel or inn; do not include people whose rooms will be comped [free]) |  |  |

### Existing Event

*If your project or event is new, please skip this section and answer the questions in the New Project or Event section.*

1. How many times or how long has this event been held? When was it last held?

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1. Is the event growing? Explain.

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1. Does your project or event attract overnight visitors to Finney County? Explain.

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1. What is the history of overnight visitors for the event?

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1. Is the history of overnight visitors showing signs of growth or consistency? Explain.

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1. How have you marketed this event in the past? Be sure to include all publicity and media exposure in addition to advertising.

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1. Have you utilized social media (Facebook, Twitter, etc.) to publicize your project/event? If you have not used social media in the past, will you use it to publicize future events? How?

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**New Project or Event**

If your event is new, please answer the following questions:

1. How are you estimating the number of overnight visitors, day trip visitors, and locals who will attend the event?

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1. How did you determine the elements within your budget, i.e., income and expenditures?

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## FCCVB Marketing Co-op Request Checklist

Before you submit your co-op request, please go through the checklist below to be sure you have included all the required information.

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|  | 1. Complete the co-op request form in its entirety
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|  | 1. List of board/committee members
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|  | 1. Master Event Timeline
 |
|  | 1. Event Budget
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|  | 1. Signed the Acknowledgement of Marketing Co-op Program Guidelines and Policies
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***Note:*** *For new events, you must complete an event plan and review the plan with FCCVB staff before submitting a grant request.*

Acknowledgement of Program Requirements

## New Event Suggestions – Creating an Event Plan

We want your event to be a success! Before you apply for an FCCVB marketing co-op, you need to create an Event Plan and review it with a member of the FCCVB staff. An Event Plan worksheet and user guide is available on the FCCVB website.

## Post-event Requirements

You must submit a post-event report (complete with receipts of expenditure and economic-impact data) to the FCCVB **no later than 30 days** after your event is over. **Failure to meet this deadline will result in the loss of ability of event/business/group to qualify for future applications.**

### Submitting the Post-Event Report

* The FCCVB will provide you with a post-event report for you to use to detail your accounting and compile your economic-impact data.
* Complete the report in its entirety and provide the following:
* Copies of all other receipts and invoices for the event (you are required to provide all your receipts and invoices for validation of the budget you submitted as part of your co-op request).

#### An important note about the Post-Event Report

Should you miss the 30-day deadline and forfeit your remaining co-op funds, it is still important to submit a post-event report. Failure to submit this report result in the following:

* The event becomes ineligible to receive co-op for the next calendar year.
* The person responsible for submitting the post-event report (usually the person listed as the contact on the co-op application) becomes ineligible to submit a co-op application on behalf of any organization or event, until/unless reinstated by a vote of the FCCVB board.

### Acknowledgement of Marketing Co-op Program Guidelines and Policies

I have read and understand the FCCVB Marketing Co-op Program Guidelines and Policies. I understand that knowingly providing false information in this co-op application is a violation of Kansas law. I further understand that if I do not complete and submit a post-event report to FCCVB within 30 days after the completion of the event, it becomes ineligible for a co-op for the next calendar year and I will not be able to apply for any other FCCVB marketing co-op’s until I submit the required report.

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| Signature and Title of Grant Applicant |  | Date of Application |