

SEDALIA AREA TOURISM COMMISSION

600 East Third Street • Sedalia, Missouri 65301 • (660) 826-2222

Type of Application

Marketing

Section A- Organization Information

- A1— Title of project.
- A2— Official name of participating organization as stated on Certificate of Incorporation.
- A3— Address where the organization is officially located.
- A4— Federal Employee Identification Number.
- A5— Name, title, etc., of person responsible for completion of the project. This will be the official contact for all correspondence.
- A6— Used by Tourism Commission.

A1— Project Name: _____

A2— Organization Name: _____

A3— Address: _____

City, State, Zip: _____

A4— FEIN # _____

A5— Project Director: _____

Title: _____

Organization (if different than above): _____

Address: _____

City, State, Zip: _____

Phone #: _____ FAX #: _____

E-Mail Address: _____

A6— Received _____
Approved _____
Withdrawn _____
Project Summary Received _____

Presented _____
Rejected _____
Completed _____

When signed by all parties, this application becomes a contract. By signing this form, I agree to the following:

If approved, I intend to complete the project as described in this application. I agree that the information provided in and submitted with this application is, to the best of my knowledge, complete and accurate.

Project Director (please print)

President/CEO of Applicant Organization (please print)

Signature

Date

Signature

Date

Chairman, Sedalia Area Tourism Commission

Date Approved

Section B - Application Requirements and Responsibilities

The following action is required prior to submitting an application. Initial to indicate that you have fulfilled the requirement as indicated.

_____ B1—My organization has submitted the Project Summary for previously funded projects. I understand that my organization will not be eligible to apply for funds if we did not file the Project Summary. (If your organization has not participated in the past, write N/A in the space at the left.)

Initial each of the following items to indicate that they have been included with your original application. (No copies are required.)

_____ B2—My organization has attached the following documentation:
_____ Certificate of Incorporation from the Secretary of State
_____ Proof organization promotes tourism (mission statements, bylaws, etc.)
_____ Past two (2) years' annual reports or financial statements
(If your organization has established eligibility, write N/A in the space at left.)

_____ B3—Current marketing plan or development plan that ties to project application

Initial each of the following items to indicate that they have been included with your original application and/or copies of the application. An original application and 10 copies are required.

_____ B4—Completed application, with all additional Evaluation Criteria pages attached

_____ B5—Sample layout or artwork for all project products

_____ B6—Estimates and bid records for expenses of \$3,000 or greater

All applicants must fulfill the requirements listed below. Initial each item to indicate that you understand your organization's responsibility to complete the requirement.

_____ B7 —Agree to incur all approved expenses within the contract year (January 1 - December 31).

_____ B8 —Submit all requests for reimbursement within 0 days of the completion of the project, or no later than January 30.

_____ B9 —Submit a Project Summary reporting the outcomes of your project no later than January 30.

_____ B10—Retain all project records for a minimum of three years. Agree to a project audit, if requested.

_____ B11—I understand that failure to comply with project completion, reporting, and reimbursement requirements may result in forfeiture of funds for this project and ineligibility for future projects.

Evaluation Criteria Rating Scale for Sections C and D

Applications are scored on the responses to the Evaluation Criteria using the following scale:

5 pt. questions	10 pt. questions	Scale
0	0	Unacceptable
1	2	Poor (vague, proposal lacks substance)
2	4	Needs Improvement (somewhat less than adequate)
3	6	Minimally Adequate (the basic idea is sound)
4	8	Above Average (very good, substantive proposal)
5	10	Excellent (exceptional, presents a model proposal)

In addition to the evaluation criteria on the following pages, your application will be rated on the basis of "overall impression" using the same scale. **There are 50 points possible per application.** Applications scoring fewer than 30 points will be considered ineligible for funding.

Section C - Marketing Evaluation Criteria

Please respond on this form to the following within the space allotted.

C2—Describe your project clearly and concisely. Your response should include the types of products and the targeted customer for each. Attach a sample of the proposed layout, storyboard, or script for each component of your project. For Fam tours, include samples of the invitation, itinerary, list of possible attendees, etc. For trade shows, include samples of information to be distributed.

Potential Points: 10

Points Received:

C3—Restate the objectives of your marketing plan and explain how your proposed project aligns with your objectives.

Potential Points: 5

Points Received:

C4—Describe how this project will increase visitation, length of stay and/or tourism expenditures in the area.

Potential Points: 5

Points Received:

C5—Describe the specific research method(s) you have selected for the outcome measurement of this project.

Potential Points: 5 Points Received:

C6—Explain how this project demonstrates financial and/or other partnership between two or more eligible organizations. If no partners are included, detail the efforts made to collaborate on this project. (Summarize any and all financial and in-kind support, volunteer hours, agency endorsements provided.)

Potential Points: 5 Points Received:

C7—Explain when, where and how you intend to distribute your project products. Describe your target geographical market, and why this market was chosen. Include the proposed media schedule and geographic markets targeted for advertising; locations and dates of proposed trade shows; and a proposed distribution list for all printed materials, videos, media kits, etc.

Potential Points: 5

Points Received:

C8—Show how this project expands your current marketing program. Detail what makes it different from past projects. If this project has been funded in the past, provide research data to justify continuation.

Potential Points: 5

Points Received:

For Evaluators Only:

C9—Overall impression of proposed project

Potential Points: 5

Points Received:

Evaluator's Signature:

Date:

TOTAL POINTS RECEIVED:

SEDALIA AREA TOURISM COMMISSION

BID RECORD

BIDDER NO. 1

COMPANY				
PERSON CONTACTED		TELEPHONE #	BID TYPE <input type="checkbox"/> PHONE <input type="checkbox"/> WRITTEN <input type="checkbox"/> VERBAL	
ITEM #	BIDDER'S BRAND OR DESCRIPTION	QUANTITY	UNIT PRICE	ITEM TOTAL
F.O.B		DELIVERY		BID TOTAL

BIDDER NO. 2

COMPANY				
PERSON CONTACTED		TELEPHONE #	BID TYPE <input type="checkbox"/> PHONE <input type="checkbox"/> WRITTEN <input type="checkbox"/> VERBAL	
ITEM #	BIDDER'S BRAND OR DESCRIPTION	QUANTITY	UNIT PRICE	ITEM TOTAL
F.O.B		DELIVERY		BID TOTAL

BIDDER NO. 3

COMPANY				
PERSON CONTACTED		TELEPHONE #	BID TYPE <input type="checkbox"/> PHONE <input type="checkbox"/> WRITTEN <input type="checkbox"/> VERBAL	
ITEM #	BIDDER'S BRAND OR DESCRIPTION	QUANTITY	UNIT PRICE	ITEM TOTAL
F.O.B		DELIVERY		BID TOTAL

I HEREBY CERTIFY THAT THE BID(S) ABOVE ARE CORRECT AS STATED AND THAT I HAVE NOT REVEALED A BIDDER'S BID TO ANY OTHER BIDDER OR PERSON.

PERSON CONTACTED	PARTICIPANT ORGANIZATION	DATE