

MOBERLY TOURISM COMMISSION

GRANT APPLICATION

PROJECT SCORE SHEET

Date: 3 10 2025	
Chamber of Commerce Representative:	Maranda Dollich
Name of Event: MM-MiSSOWi	Christmas Feotival
Name of Organization: MOVEVIU	trea Chamber of Commerce

Evaluation Factors	Yes	No
Quantify expansion of tourism in Moberly	Yes	
Positive Community Impact to Moberly	yes	
Quality and Uniqueness of proposed Project	UB	
Positive Economic Impact to Moberly	YES	
Stability of Management and capacity	VLS	
Evidence of Community Support	Yes	
Overnight Hotel Stays, Retail, Restaurant	Ves	
Total		

The following values are assigned to each numeric spread:

- 5 or more Yes, Tourism can recommend up to 100%
- 4 Yes Tourism can recommend up to 50%
- 3 or less no funding

Moberly!

Name of Organization: Moberly Avea Chamber of Date: 3/4/2025
Contact Person: Marada Doluch Telephone: 660-263-6070
Address: 21 W. Reed St. Muherly, MO 165270 Date of Event: 12/13/2025
Name of Event: Mid-My SSOWi Christmas Met with Tourism Specialist X. Yes No Flatival How Event Promotes Tourism in Moberly
What are the specific, measurable Tourism benefits your event or capital project produces? FUNT STAYTED IN 2019 & has become me of the largest holiday events in mid-missouri drawing around 7,000 people.
How does your event promote tourism, conventions, and other events within the city? This event promotes shopping, diving, and holiday festivities drawing families from Move than 50 miles away.
How does your event attract non-residents? We market 50 + miles away. We have had visitors from 27 different Missouri Counties 3 at least 3 other states.
If your application were accepted, how would the tourism funds granted be used? (If marketing, fill out itemized marketing budget) FIV COMMEVICAL 3 Clightal advertising
Financial Statement (See Attached)
Statement of Assurances
Any funds received under this grant will be used for the purposes described in this application. The figures, facts, and representations in this application are true and correct to be best of my knowledge.
Name (Please Print): MOV (MAA DOUGH) Signature:
Date: 3/4/2025 Title or Office Held: EXECUTIVE Divector

Detailed Budget

e of Event: 12 13 2025_		
nsor:		
	Actual Last Year 20	
	OR First Annual Budget	Estimated Present Year 20 <u>26</u>
Income (Estimated)	\$	\$
Rental Booths		\$3,000
Entry Fees/ Gate Receipts		
Donations/ Sponsorships T-Shirts and Souvenirs	\$	\$ 5,000
Food and Drinks, Etc.		
Moberly Tourism Grant		
Other: (Explain)		
A STATE OF THE STA		
 		
Expenses (Itemized)		\$11,700
Advertising *	Aug 6 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	
T-Shirts and Souvenirs Food, Drinks, Etc.		
Labor Costs		
Entertainment		
Supplies Postage		
Rentals		
Insurance Payout, awards, prizes, contest		
winnings	and the state of t	
Other (Explain)		

Total ExpendituresEstimate Value of In-Kind Services (Explain) \rightarrow

 $[\]ensuremath{^*\mathrm{lf}}$ marketing grant application, fill out itemized marketing budget sheet.

^{*}Omitting required information will disqualify your application

Itemized Budget of Marketing Grant Funds

(Grant column should match grant dollars in detailed budget) (Total cost should match Advertising dollars in detailed budget)

Item	Description	Total Cost	Grant
TV Comm excials	KOMU, Hulu, Fox4	\$3000	0
Social Media Ads	Facebook 3/nstagram	\$ 80D	0
Banners	Facebook 3 Instagram Updated banner	\$ 500	I500
Maps	Event Maps	\$500	\$500
A-Frame	Event Signage	\$500	0
	· V		
			·
			., t)
	TOTAL		To so

Approval Tourism Cha	irperson:
----------------------	-----------



Name of Organization:		
Contact Person:	Phone:	
Address:	Date of Event:	
Amount of Award:	Date Granted:	
	Summary of Event	
Attendance:	Moberly Hotel/Motel Rooms Used:	
Average Stay (# of nights):		
f Moberly motels sold out, list other	er accommodations that attracted overnight visitors:	
Comments:		
Describe the general impact this ev	ent had on the Moberly Community:	
		
Describe the Everence of this event"		
rescribe the success of this event		

Profit and Loss Summary of Event

Income (Estimated)	Estimated Present Year 20
Rental of Booths	\$
Entry Fees/ Gate Receipts	2
Donations/ Sponsorships T-Shirts and Souvenirs	
Food and Drinks, Etc.	
Moberly Tourism Grant	
Other: (Explain)	
Other. (Explain)	
	. \$
Total Income	
Expenses (Itemized)	
Advertising	
T-Shirts and Souvenirs	
Food, Drinks, Etc.	***************************************
Labor Costs	
Entertainment	
Supplies	
Postage	,
Rentals	
Insurance	
Other (Explain)	ć
	7
	\$
Total Expenditures	7

Estimate Value of In-Kind Services (Explain)

	viiii Suiiiiiiiiii	of Event form	•			
			··· · · · · · · · · · · · · · · · · ·			
	112 miles					
						
		- 1, M 999				

1,00						
o the best of moncerning the a	bove event is:	factual. I unde	on given to the crstand that the	e Moberly T e Moberly T	ourism Com Tourism Con	mittee nmittee may
igned			Ti	tle		

Failure to complete this form within 90 days of the above event may result in denial of funds for future events. Mail this form the to City of Moberly Tourism Commission, 101 West Reed, Moberly, MO 65270, Attention: Moberly Tourism Commission.