Fort Madison Hotel/Motel <u>ATTRACTION/EVENT</u> Application

Contact Information (ALL FIELDS <u>MUST BE</u> COMPLETED) – <i>If you need assistance with form(s) or clarification, please contact the Tourism Office @ 319-372-7700 x 274.</i>			
Attraction and/or Event: (circle type)			
Contact Person:			
Street Address:			
City, ST & ZIP Code:			
Phone:			
Fax:			
E-Mail Address:			
Certified Non-profit: Please disclose 501(c)(3) tax-exempt status letter with application.	Yes	No 🗆	
Application Date:			
Attraction/Event Date(s):			
Event Requests*	\$1000 (first time event) \square		
	\$750 (ongoing events)		
	Other \$ amount		
Attraction / Marketing Requests*	Other \$ amount		

Application Deadline	Meeting Date
December 31, 2015	January 21, 2016
March 31, 2016	April 21, 2016
June 30, 2016	July 21, 2016
September 30, 2016	October 20, 2016

Applications must be submitted by the close of business on the above listed dates.

*The amount of money available is solely generated by Hotel/Motel Tax Revenues. The City cannot guarantee the amount of funds that will be available each year. The Fort Madison Tourism Commission has the right to increase or reduce the funding request. Each attraction/event will be reviewed on a case-by-case basis

A representative must be present for all applications to be considered by the Tourism Commission.

IMPORTANT: After an **EVENT**, the Tourism Commission requires a follow-up on the event within the next two (2) public meetings following the event's date. Prior to that meeting, a written report must be provided by a representative of event to the City Clerk. A representative must be present at the next Tourism Commission meeting for follow-up and questions, or risk possible rejection of future application(s).

For event and marketing applications payment of funds requires receipts of bills or bills to be paid. Receipts must be turned in to City as soon as possible, but no later than 6 months after the event or risk risk possible rejection of future application(s).

After an **ATTRACTION/EVENT**, the Tourism Commission requires a follow-up on the attraction by **September 30**. Prior to the meeting, a written report must be provided by a representative of the attraction to all Tourism Commissioners.

A representative must be present at the October meeting with application for funding for the following year.

PLEASE NOTE: This information will be retained for re-funding requests the following year. Failure to provide follow-up within these given time frames will result in no funding for the following year.

Attendees (REQUIRED)		
ng the sources of revenue and a detailed description of ll be advertising. (You may attach a separate sheet of paper		
pact of your attraction/event on the City of Fort Madison.		
pact of your attraction/event on the City of Fort Madison. or additional Pages if necessary)		
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2.	Are you organizing this event in cooperation with another event or group? If so, please explain that relationship.
3.	Are you planning to advertise out of the immediate area for your attraction/event? If so, please explain where and how much you will be advertising.
4.	Describe the publicity that Fort Madison might receive because of your attraction/event.
	Agreement and Signature (REQUIRED)
	The applicant does hereby covenant and agree that any loss or damage which may arise or be caused to any person or property by reason of this applicant or the applicant's agent's want of care shall be borne by the applicant and the applicant shall hold the city harmless in every and all respects from any damage, loss or liability including reasonable attorney fees and court costs, resulting from any acts by the applicant, the applicant's agents, its employees, or participants or from the conduct of the applicant, its employees, or participants in the attraction/event as designated in this application. All necessary licenses and permits will be the responsibility of the applicant as required by law.
	Name (printed):
	Signature:
	Date: