



Event Name:

Amount Requested:

Date(s) of Event:

Submitted by:

# MOBILE COUNTY MARKETING FUND APPLICATION REQUEST



**PLEASE INCLUDE THIS CHECKLIST WITH YOUR FINAL SUBMISSION TO  
ENSURE THAT ALL REQUESTED DOCUMENTS ARE INCLUDED.**

PLEASE ATTACH ONE COPY OF EACH OF THE FOLLOWING ITEMS TO YOUR ORIGINAL APPLICATION FOR OUR FILE:

- ☐ 1. Charter, Articles of Incorporation, By-Laws, Proof of Current Status, i.e., Annual Report on file with the Secretary of State – Except Government entities.
- ☐ 2. List of current officers and board members, indicating terms, etc.
- ☐ 3. Copy of financial statement for the most recently completed fiscal year – except Government entities.
- ☐ 4. Letters of commitment from co-sponsors.
- ☐ 5. Listing of current projects - public or private.
- ☐ 6. Event budget.
- ☐ 7. **For Government entities only:** Please replace item one (1) with a letter from the chief elected official stating Government Agency's approval/knowledge of application.

Name of Preparer (Please print) \_\_\_\_\_

Signature of Preparer: \_\_\_\_\_

Date: \_\_\_\_\_

*Visit Mobile and Mobile County are exempt from the above items as a result of being the funding source and the contractor.*

## **FUNDS CANNOT BE USED FOR:**

1. Annual operating expenditures of the organization.
2. Salaries of full-time staff or supplements for salaries of existing staff; employment of personnel not directly related to the event.
3. Real property.
4. Capital improvements, including but not limited to new construction, renovation, restoration and installation or replacement of fixtures.
5. Tangible personal property, including but not limited to office furnishings or equipment, permanent collections or individual pieces of art.
6. Interest or reduction of deficits or loans. Expenses incurred or obligated prior to or after funding period.
7. Making payments or reimbursements for goods or services purchased for previous or other events.

## **FUNDING APPLICATION**

### **DIRECTIONS**

Applicants are required to submit an electronic copy of the completed Application Packet and email to Cheryl Smith at [csmith@mobile.org](mailto:csmith@mobile.org) of the Visit Mobile for consideration followed by recommendation from the Mobile County Marketing Fund. The Application Packet shall consist of the Funding Application and Budget. Such items as T-shirts, posters, etc. are limited to one per committee member for sample purposes. Applications must be submitted at **least seven (7) days prior** to Marketing Fund Meeting to be considered for approval of fund disbursement. **REVIEW THE VISIT MOBILE APPLICATION AND DISBURSEMENT GUIDELINES PRIOR TO COMPLETING THIS APPLICATION.**

## **FUNDING GUIDELINES**

If funding is approved, applicant is required sign a Letter of Agreement, complete a Form W-9 Request for Taxpayer Identification and Certification, submit an invoice for the amount awarded. Please note that 75% of the funds will be disbursed prior to the scheduled event. After the event, the remaining 25% of the funds will be disbursed contingent upon the completion of the Mandatory Recap Form. Should the funds get disbursed and the event is cancelled, applicant must return all funds to the Mobile County Marketing Fund account. Special situations may apply.

The applicant has up to 60 days after the event to submit a Mandatory Recap Form to collect the remaining 25%. If funds are not collected by that time, funds will be credited back to the Marketing Fund account.

Should the applicant fail to request funds within the timeframe, monies granted will be returned to the Marketing Fund account.

**If the applicant is awarded funds, it is mandatory to use the Mobile County Logo for any sponsorship items (programs, t-shirts, banners, posters etc.) that the county could be recognized for, as this money awarded is a County lodging tax. The Mobile County Logo will be emailed to you from by the Committee Chair along with a requested invoice for processing your check. Mail or email invoice to Cheryl Smith at [csmith@mobile.org](mailto:csmith@mobile.org) or PO Box 204, Mobile, AL 36601. Phone: 251-208-2022.**

**VISIT MOBILE**  
**EVENTS MARKETING FUND REQUEST APPLICATION**

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*Review the Mobile County Marketing Fund Disbursement Guidelines prior to completing this application.*

Name of Applicant Organization: \_\_\_\_\_

Name of Event: \_\_\_\_\_

Amount of Request: \_\_\_\_\_

Other Funding Sources: \_\_\_\_\_

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Give detailed information of what funds will be used for – Marketing Schedule:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**List any opportunities (posters, banners etc.) pre-determined to display the County logo during your conference/event:**

- 1.
- 2.
- 3.

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Event Date: \_\_\_\_\_

Brief Description of Event: \_\_\_\_\_

Hotels Requested (More than one): \_\_\_\_\_

Economic Impact: \_\_\_\_\_ 2% of Lodging Revenue: \_\_\_\_\_

Key Venue Area of Event Impact (location in Mobile County): \_\_\_\_\_

Meeting Space Held? \_\_\_\_\_

## MARKETING FUND REQUEST APPLICATION (Continued)

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Competition: \_\_\_\_\_

History (up to 3 years, City and Total Room Nights Used): \_\_\_\_\_

If the full amount requested cannot be awarded, will out-of-area advertising/marketing still occur?

\_\_\_\_\_ Yes \_\_\_\_\_ No

Anticipated Attendance: \_\_\_\_\_

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Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Email: \_\_\_\_\_

Telephone with area code: \_\_\_\_\_ Fax: \_\_\_\_\_

Federal I. D. number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Signature of Organization's Contact Person:

\_\_\_\_\_  
Typed/printed name

\_\_\_\_\_  
Signature

**MARKETING FUND REQUEST**  
**MANDATORY RECAP FORM**  
**(POST EVENT FOLLOW-UP)**

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**(This form must be completed to collect the remaining balance of funds granted.)**

In order to receive your 25% balance of approved funding, Applicants are **required** to submit an electronic copy of the completed Mandatory Recap Form (Post Event Follow-Up) within 60 days after the event and email to Chery Smith at [csmith@mobile.org](mailto:csmith@mobile.org) with Visit Mobile. 251-208-2022.

Amount of Approved Funds: \_\_\_\_\_

Event Date: \_\_\_\_\_

Name of Organization: \_\_\_\_\_

Name of Event: \_\_\_\_\_

Contact Title: \_\_\_\_\_

Peak Rooms: \_\_\_\_\_ Total Room Nights: \_\_\_\_\_ Total Attendance: \_\_\_\_\_

**Give a complete breakdown of how awarded funds were spent for this event:**

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Additional Funding Programs (i.e., Room rebate, etc.): \_\_\_\_\_

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Submitted by: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Updated 1/1/2020