

FUNDING/SPONSORSHIP

Application form

Introduction & Application overview

MEDICINE HAT ACCOMMODATION ASSOCIATION

The Medicine Hat Accommodation Association (MHAA) is a non-profit, member-based organization that supports the business interests of the finest hotels in Medicine Hat, Alberta through creative and result-based marketing, education, advocacy and communications.

Committed to providing the highest quality-marketing standard for the city, the MHAA invests a portion of its Destination Marketing Fund in marketing efforts that encourage out-of-town visitation growth and promote Medicine Hat as a leisure, convention and event destination.

CRITERIA

Preference will be given to applicants that clearly identify the specific use of funds and the MHAA’s return on investment, including hotel room generation, promotional entitlement, and other economic benefits for Medicine Hat.

Applications are processed on a first come, first serve basis. It is preferred that you submit your application at least six (6) months prior to your event date. If your application is approved, payments may be allocated in two installments: 25% upon signing the agreement and 75% upon completion of the project or event. Certain terms and conditions apply.

MHAA MEMBERS





Event/Project Funding Application Form

IMPORTANT:

Please refer to the explanatory notes at the end of the application to assist you in completing this form.

Please complete the following form and submit to:
Medicine Hat Accommodation Association 95 Palliser Way NE, Medicine Hat, AB. T1C 1R5
Phone: 403-581-5002 Fax: 403-529-5624 Email: info@stayinmedicinehat.com

General Information

Organization Applying for Funding:
Local Affiliate (if any):
Main Contact:
Full Address:
Phone Number(s):
Email Address:

Position Title:
Fax Number:
Event Website:

Event/Project Information

We are requesting support for: Event Convention Other
Name of Event/Project:
Start Date of Event/Project: End Date of Event/Project:
Location of Event/Project:
Location Last Held: Medicine Hat Other (list): Year Last Held:
Number of Participants Expected: Number of Hotel Rooms Required:
Total Room Nights:
Event Participation: Registered Guests Public Both
Event/Project Activities Include (check all that apply): Conference Tradeshow Entertainment
 Other (please list):
Is this a new event/project? Yes No
Is this a recurring event/project? Yes No
Does this event/project rotate cities? Yes No If yes, where?
Description of event/project: *(if insufficient space, you may attach a separate page to provide the necessary details)*

How will this event/project benefit Medicine Hat? *(if insufficient space, you may attach a separate page to provide the necessary details)*



Funding Request

Amount Requested:

When is payment required?

Will this be used for competition in a BID?

Yes

No

Describe how your organization will benefit from this sponsorship: *(if insufficient space, you may attach a separate page to provide the necessary details)*

Outline a budget of how the sponsorship funds will be used: *(if insufficient space, you may attach a separate page to provide the necessary details)*

Item	Cost Estimate

Have other funding partners been sought out for this event/project?

Yes

No

If yes, please provide details of any proposed funding sources below *(if insufficient space, you may attach a separate page to provide the necessary details)*

Funding Source	Status: (pending, confirmed, or denied)

How will the Medicine Hat Accommodation Association be recognized for its partnership? (please check all that apply)

- Logo recognition on promotional materials
- Inclusion on event website (link, logo, etc.)
- Signage at event/project location
- Other (please list):

- Media coverage (attach press clippings)
- Representation/speaking opportunities at event
- Press Releases/Public Service Announcements

Declarations

In making this application to the Medicine Hat Accommodation Association I agree, as or on behalf of the applicant, that if the application is approved the funds requested will be used solely for the purpose described and if the funds are not so used they will be immediately returned to the Medicine Hat Accommodation Association. I further agree that, as or on behalf of the applicant, I accept responsibility for ensuring that the recognition elements as outlined in this agreement are achieved and that the Medicine Hat Accommodation Association's Funding Follow Up Form will be completed and returned within 60 days of the event/project completion. I also understand that any or all of the information provided will be shared with all MHAA members.

DATE:

FULL NAME (please print):

SIGNED:

For MHAA Administrative Use Only		
<input type="checkbox"/> Approved - Amount:	<input type="checkbox"/> Denied - Reason:	
Voting Members:		
<input type="checkbox"/> Best Western Plus	<input type="checkbox"/> Holiday Inn Express	<input type="checkbox"/> Quality Inn
<input type="checkbox"/> Comfort Inn	<input type="checkbox"/> Imperial Inn	<input type="checkbox"/> Ramada Ltd.
<input type="checkbox"/> Coast Hotel	<input type="checkbox"/> Medicine Hat Lodge	<input type="checkbox"/> Super 8
<input type="checkbox"/> Days Inn	<input type="checkbox"/> Motel 6	<input type="checkbox"/> Travelodge
Initial Payment:	Date to be Issued:	
Final Payment:	Date to be Issued: <i>After Final Evaluation is Completed</i>	



FUNDING APPLICATION: EXPLANATORY NOTES

The following notes are intended to assist you in completing your application correctly and to ensure that the Medicine Hat Accommodation Association considers all funding applications equitably. The notes are provided in the order that they appear on the application form.

General Information

ORGANIZATION APPLYING FOR FUNDING: What is the applicant organization/association's full name?

LOCAL AFFILIATE: If the organization applying for funding is a national or international organization, please identify if there is a local organization (in Medicine Hat) that may be assisting you in planning your event/project.

MAIN CONTACT: The person whose name appears here must sign to accept responsibility for ensuring that the funds requested are used for the purpose as outlined in the application form, that the agreed recognition is obtained, and that a Funding Follow Up Form is completed and returned within 60 days of the event/project completion.

FULL ADDRESS: The full address to which all communications will be sent.

CONTACT INFORMATION: Please provide the direct contact information (phone, email) for the main contact in case we need to contact you regarding your application form.

Event/Project Information

LOCATION OF EVENT/PROJECT: The venue(s) in which your event/project will be taking place in Medicine Hat.

YEAR LAST HELD: What was the last year in which your event/project was held in Medicine Hat?

NUMBER OF PARTICIPANTS EXPECTED: The total number of participants that you expect to attend your event/project.

NUMBER OF HOTEL ROOMS REQUIRED: Provide a realistic estimate of how many hotel rooms will be booked for your event/project.

TOTAL ROOM NIGHTS: From the number of estimated guest rooms, calculate how many room nights your event/project will generate for Medicine Hat hotels. For example, if you expect that out of 1000 participants at your event, 500 guest rooms will be booked for a total of 2 nights, then the total room nights would be $500 \times 2 = 1000$. NOTE: This is one of the key measurements that we take into consideration when reviewing application forms, so please ensure that these numbers are presented in a realistic and achievable manner.

EVENT PARTICIPATION: Is your event open to the public, do event participants have to be registered to attend, or is the event open to both the public and registered participants?

EVENT ACTIVITIES: What type(s) of activities will your event/project offer its participants? Check off any of the items that apply, and list any additional activities beside "Other".

NEW EVENT: Are you bringing a new event/project to Medicine Hat?

RECURRING EVENT/PROJECT: Will this event/project occur more than once in Medicine Hat? Is this a multi-year convention or event?

BENEFITS FOR MEDICINE HAT: Why should we support your event/project? Describe the community benefits that will result from the funded event/project.

Funding Request

AMOUNT REQUESTED: Provide the specific dollar amount that you are requesting.

COMPETITION IN A BID: Will the funds that you are requesting be used to compete against other cities in a bid for the event/project?

BUDGET: Please provide a budget outlining how you propose to use the requested funds. Note that once the funding has been approved, the funds cannot be used for any other purpose other than described in your proposed budget. If the agreed event/project does not go ahead, the funds must be returned to the Medicine Hat Accommodation Association.

FUNDING PARTNERS/SOURCES: Are there other funding partners committed or being sought out for your event to ensure financial stability and the likelihood of your event/project's success? Have you applied for any grants or bursaries? Please identify any funding sources/partners that have been sought out, and for each one identify whether the funding is pending, confirmed, or if it has been denied.

PARTNERSHIP RECOGNITION: List precisely what you will offer the Medicine Hat Accommodation Association in return for its support.

Declarations

NOTE: Please read the agreement details carefully before signing. The person identified as the main contact should be the one who signs the form, as this person is responsible for this partnership and the agreement that it relates to.