



Meet in Missouri Grant Application

Revised 11/2022

DMO INFORMATION:

Commission/DMO Name:	Address:
Phone Number:	E-Mail Address:
Federal ID#:	MO Corporate Charter #:

PLEASE ATTACH THE FOLLOWING DOCUMENTS:

- **Exhibit A:** A copy of the Applicant's DMO Certification Approval Letter issued by the Missouri Division of Tourism
- **Exhibit B:** E-Verify documentation requirements

GRANT INFORMATION:

Requested Grant Amount:	Date to be Disbursed:
RFP Due Date:	RFP to be Awarded Date:

PLEASE ATTACH THE FOLLOWING DOCUMENTS:

- **Exhibit C:** A copy of the Request for Proposals (RFP) issued by the planning organization (showing competition with other states)
- **Exhibit D:** Applicant's Draft Response to RFP – deemed confidential with the proprietary competitive business information

EVENT PLANNING INFORMATION:

Name of Planning Organization:	Name of Proposed Event:
Planning Organization Contact Name:	Planning Organization Contact Email:
Proposed Event Start Date:	Proposed Event End Date:
Proposed Event Location (City and County):	
Proposed Event Venues (List All):	
Other States in Competition for Event:	
Projected Attendees: Out-of-State TOTAL	Projected Attendee Hotel Room Night:

PLEASE ATTACH THE FOLLOWING DOCUMENTS:

- **Exhibit E:** A 'But/For' Statement (on official letterhead signed by CEO) explaining that without the grant the event would not be reasonably anticipated to occur in Missouri
- **Exhibit F:** Information demonstrating projected economic benefit to the State of Missouri (DI Economic Impact Calculator Report)
- **Exhibit G:** Evidence supporting the attendee projection
- **Exhibit H:** Evidence supporting the hotel room night projection
- **Exhibit I:** A detailed Applicant Event Budget showing anticipated event costs and anticipated event revenues

**** Add an extra document for anything that needs an explanation. For example – rooms are double occupancy, DMO has spoken to Planning Organization and has additional information not within the RFP, etc.***

CONTACT AGENT (Primary Contact):

Contact Name:	Contact Title:
Contact Email Address:	Contact Phone Number:

AUTHORING AGENT (President or CEO):

I, the undersigned, acting on behalf of the Applicant Commission/DMO, hereby certify and agree to the following:

- I attest that I have read and understand the Meet in Missouri Guidelines
- I will inform DED if, at any time before the grant completion, there is any change to the event made herein
- I certify under penalties of perjury that the above statements and information contained in the application and attachments are complete, true, and correct to the best of my knowledge and belief
- I certify that I have proper authority to execute this document on behalf of the Applicant Commission/DMO named in this application
- I am authorized to make the statement of affirmation contained herein
- I also realize that failure to disclose material information regarding the Applicant Commission/DMO, or any individuals engaged in the management of the Applicant, or other factors may result in criminal prosecution.

CEO Name:	CEO Title:
Authorizing Signature:	Date: