



CITY OF LAS VEGAS, NEW MEXICO
REQUEST FOR MARKETING ASSISTANCE

Requests must be received by the Community Development Department

For questions email: cbaca@lasvegasnm.gov or (505) 454-1401 ext 1607

PART I: PROJECT INFORMATION

A request for marketing assistance application must be completed and submitted for each individual event or project. Please note if you have previously received financial marketing or monetary assistance from Lodgers tax for your event you may not receive additional funding for the same event. A marketing work group is tasked with evaluating well organized events with strong marketing plans.

Organization

Name: \_\_\_\_\_

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

Event Location: \_\_\_\_\_

Event Start Date: \_\_\_\_\_ Event End Date: \_\_\_\_\_

Is this a new event? [ ] Yes [ ] No

If this is a repeat event, how many individuals attended in each of the past three (3) years? \_\_\_\_\_

What means do/did you utilize to calculate attendance? (Evaluations, ticket sales, estimation, etc)

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

What amount of funding are you requesting? [ ] \$0 - \$2,500 [ ] \$2,501 - \$5,000 Please give the exact amount of funding you are requesting. \$ \_\_\_\_\_

PART II: PREVIOUS FUNDING REQUESTS

Has your organization previously received Lodgers Tax Funding? [ ] Yes [ ] No What amount of funding did you receive? Dates/Amounts (past 3 years)? \_\_\_\_\_

PART III: EVENT DETAIL

Define/describe the overall event: (300 words or less - Attach additional sheets if necessary)

Provide an itemized listing of costs (budget) for your event. Please remember to include the costs associated with safety, location, trash pickup, city staffing, marketing, and overhead, etc. Requests must have specific details and not broad categories. If additional space is needed, please attach additional pages utilizing the same format to this application.

| Description | UNIT COST | QUANTITY | TOTAL | Committee Review |
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TOTAL COST OF EVENT \$ \_\_\_\_\_

Committee Review Amount

**PART IV: EVALUATION INFORMATION**

The following information is utilized by the Marketing Work Group to evaluate your proposal and help determine the recommendation for marketing assistance which is paid for under Lodger Tax. Please provide specific information relevant to each question/statement. Attach additional sheets if necessary.

**1. Lodgers Tax Impact Information (10 Point Value)**

1.1. How does your event create the need for an overnight stay thus creating lodgers tax revenue?

1.2. How many Las Vegas room nights will be generated? (A room night is a paid night of lodging in an establishment that pays Lodger Tax.)

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| <b>SECTION A TOTAL<br/>POINTS 10 Points Max.</b> |  |
| <b>Evaluator Use Only</b>                        |  |

**2. Size and Demographics of Audience Served (10 point value)**

2.1. How many individuals are anticipated to attend the event? How did you calculate this number?

2.2. What percentage of attendees will be non-City residents? How many will come from within San Miguel County? Mora County? Santa Fe County? Intra-State? Out of State?

2.3. What are the anticipated ages of the participants? Please provide estimates of what your audience will be composed of, demographics, psychographics.

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| <b>SECTION B TOTAL<br/>POINTS 10 Points Max.</b> |  |
| <b>Evaluator Use Only</b>                        |  |

**3. Quality of Life (10 Point Value)**

3.1. Do you provide a program or event that is otherwise absent in the City of Las Vegas?

3.2. Has this program or something similar been requested by tourists and/or residents? Who made the request and how was the request made?

3.3. Does this event occur during a season when Las Vegas typically lacks events (Spring, Winter)

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| SECTION C TOTAL<br>POINTS 10 Points Max. |  |
| Evaluator Use Only                       |  |

**4. Financial Information (10 Point Value)**

4.1. What is the total budget for this event? (Include marketing costs; please exclude any assistance you may receive.)

4.2. Where are matching funds, sponsorships, and other sources of funding being obtained? Include ALL sources and amounts and specific uses of funds.

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| SECTION D TOTAL<br>POINTS 10 Points Max. |  |
| Evaluator Use Only                       |  |

**5. Marketing Plan (10 Point Value)**

5.1. Provide specific details on where and how you plan to market and advertise the event.

5.2. If provided with marketing design assistance, what is your intent to supplement what is provided?

5.3. What percentage of advertising will reach an audience outside a 65 mile radius of Las Vegas?

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| SECTION E TOTAL<br>POINTS 10 Points Max. |  |
| Evaluator Use Only                       |  |

**6. Documentation (10 Point Value)**

6.1. Have Lodger Tax rules been followed and all requested documents provided?

6.2. Will anyone within your organization, a spouse of anyone within your organization, a child, parent, brother or sister of anyone within your organization receive monetary compensation from any aspect of this event? Who? For what purpose?

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| <b>SECTION F TOTAL<br/>POINTS 10 Points Max.</b> |  |
| <b>Evaluator Use Only</b>                        |  |

**7. Other (10 Point Value)**

7.1. Please provide any other financial impact to the City of Las Vegas this project or event will create. Be specific and indicate how it was calculated.

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| <b>SECTION G TOTAL<br/>POINTS 10 Points Max.</b> |  |
| <b>Evaluator Use Only</b>                        |  |

**PART V: ASSURANCES AND CERTIFICATIONS**

I CERTIFY THAT I AM AUTHORIZED TO ACT ON BEHALF OF THE ORGANIZATION MAKING THIS APPLICATION AND THAT THE STATEMENTS HEREIN ARE COMPLETE AND ACCURATE TO THE VEST OF MY KNOWLEDGE. IF FUNDED, WE WILL KEEP A CLEAR AND ACCURATE ACCOUNTING OF HOW FUNDS WERE UTILIZED. REQUESTS WILL FOLLOW CITY POLICY. WE UNDERSTAND THAT SHOULD WE BE PROVIDED WITH MARKETING ASSISTANCE AND THE EVENT IS CANCELLED, WE WILL BE OBLIGATED TO PAY FOR THE COST OF ANY AND ALL COSTS ASSOCIATED WITH THE DESIGN AND PLACEMENT OF ADS. WE UNDERSTAND THAT THE CITY MAY EVALUATE THE USE OF FUNDS AS REQUIRED AND APPROVED BY THE CITY OF LAS VEGAS AND WE WILL DELIVER A REPORT ON EACH EVENT WITHIN THIRTY (30) DAYS TO THE CITY.

PRINTED NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

**CITY USE ONLY**

**RECEIVED BY:** \_\_\_\_\_ **DATE:** \_\_\_\_\_