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| EnjoyTheShow_11_26_4color_cmyk-01 | Cooperative Marketing Program  Missouri Division of Tourism  DMO Re-Certification |

**FY2021 DMO RE-CERTIFICATION APPLICATION & SAMPLES**

**Packet includes:**

* DMO Re-Certification Application
* Sample template of an official resolution
* Sample template of an income and expense statement

**Fiscal Year 2021 CALENDAR:**

Re-Certification application available: September 6, 2019

**Re-Certification application due at MDT by 5 p.m.: November 1, 2019**

Re-Certification notification date: December 13, 2019

**The following organization types that wish to participate in the Marketing Matching Grant Program must apply for re-certification:**

* A currently certified DMO with the current certification due to expire prior to July 1, 2020
* A currently certified DMO without a current, valid county resolution(s) or with a resolution(s) due to expire prior to July 1, 2020

Provide MDT with a copy of the application and all required documents.

DMO certification does NOT guarantee funding. The certified DMO must apply for individual grants or cooperative marketing opportunities – separate from the DMO certification.

**Submit all items electronically to**:

[MDTcoop@ded.mo.gov](mailto:MDTcoop@ded.mo.gov)

OR

**Submit all items to**:

Cooperative Marketing Program

Missouri Division of Tourism

301 W. High Street, PO Box 1055

Jefferson City, MO 65102

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| EnjoyTheShow_11_26_4color_cmyk-01 | | | | | | | Cooperative Marketing Program  Missouri Division of Tourism  DMO Re-Certification Application | | | | | |
| **FY2021 DMO Re-CERTIFICATION APPLICATION** | | | | | | | | | | | | |
| **APPLICANT INFORMATION** | | | | | | | | | | | | |
| 1. Applicant Organization: | | | | | | | | | 1. Date of Application: // | | | |
| 1. Address: | | | | | | | | | | | | |
| 1. City: | | | | State: **MO** | | | | | 1. Zip Code: | | | |
| 1. Phone: () **-** | | | | 1. Website Address: | | | | | | | | |
| 1. County/Counties: | | | | | | | | | 1. Federal ID Number: | | | |
| 1. Type of Organization:  County Department CVB Chamber of Commerce   City Department Other (describe) | | | | | | | | | | | | |
| 1. MO Charter Number:   *This number may be found on the Annual Report submitted to the Secretary of State by nonprofit corporations. Government entities do not require a MO Charter Number - enter City or County if applicable.* | | | | | | | | | | | | |
| 1. Provide the formal statement of the applicant organization’s purpose or mission as it appears in the articles of incorporation, charter, code, etc. that charges this organization with travel and tourism marketing. | | | | | | | | | | | | |
| 1. What is the applicant DMO’s total budget for the current year? This includes tourism and non-tourism related expenditures. This amount should be found on the attached financials. $ | | | | | | | | | | | | |
| 1. Of the applicant DMO’s total budget for the current year (Question #13), what amount is allocated to travel and tourism? This amount should include all travel and tourism related marketing, wages, rent, etc. The total travel and tourism budget may or may not be the same as question #13 above. This amount should be found on the attached financials. $     . What percent of the total budget (Question #13) is this?      % | | | | | | | | | | | | |
| 1. List the applicant DMO’s primary activities (by amount and percentage) of total travel tourism budget (question #14 above): | | | | | | | | | | | | |
|  | **Budgeted Expenditure By Activity** | | | | **BUDGET $** | | | | | **Budget %** | |  |
|  | Leisure Travel Marketing/Advertising expenditures | | | | $ | | | | | **%** | |  |
|  | Other Tourism Marketing/Advertising expenditures (Sports, convention, group travel, etc.) | | | | $ | | | | | **%** | |  |
|  | Non-marketing expenditures (wages, rent, conference fees, office supplies, travel, etc.) | | | | $ | | | | | **%** | |  |
|  | **TOTALS** | | | | **$**  (must equal #14 above) | | | | | **%**  (must equal 100%) | |  |
| 1. In the table that follows, breakout the revenue sources for the total tourism marketing budget amount indicated in question #15 above. Include only DMO revenue – not any grants or co-op. | | | | | | | | | | | | |
|  | | **SOURCE** | **BUDGET %** | | |  | | **SOURCE** | | **BUDGET %** |  | |
|  | | Tourism Tax | **%** | | |  | |  | | **%** |  | |
|  | |  | **%** | | |  | |  | | **%** |  | |
| 1. Number of paid tourism marketing staff: total -  **/** fulltime -  part time -  * See DMO certification guidelines for requirements | | | | | | | | | | | | |
| **DESTINATION INFORMATION:** Provide the following requested destination information in the space allowed: | | | | | | | | | | | | |
| 1. Provide the geographical boundaries and description of the county/counties currently marketed by the applicant organization. Include the name of county/counties that will be marketed. | | | | | | | | | | | | |
| 19. Provide the numbers of the following that are available within the boundaries (the entire county/counties) described above: Hotel & motel rooms  Bed & breakfast rooms  Camp and RV sites  Dining establishments | | | | | | | | | | | | |
| 20. List the attractions and events within the boundaries (entire county/counties) described above that are of interest to the leisure traveler. | | | | | | | | | | | | |
| 21. Describe the partnerships in place that will support and facilitate the applicant’s countywide tourism marketing plan. | | | | | | | | | | | | |
| 22. Detail the applicant organization’s strategy for the development and implementation of a countywide marketing plan. | | | | | | | | | | | | |
| **CERTIFICATION QUALIFICATIONS:** Assemble and attach required documentation listed below. | | | | | | | | | | | | |
| The applicant organization must currently satisfy the qualifications as outlined in the FY20 DMO Certification Guidelines. Submit the following required documents as evidence of qualifications:  **Financial Statements** – Financial statements reflecting budget, revenues and expensesfor the previous two years detailing applicant organization’s travel and tourism marketing expenditures, payroll/administrative expenses and sources of revenue.  **Annual Report** – Annual Report filed with the Secretary of State for the current year. If no annual report is required, provide the Missouri charter number (for nonprofit corporations) and a list of the principle decision makers for the organization with their titles and contact information. If the organization is a government entity, provide a list of principle decision makers for the organization with their title and contact information.  **Resolution –** A resolutionadopted by the county commissionrecognizing the applicant as the official DMO for the county/counties (This must be an official form on letterhead and signed by a commissioner – a sample is attached to the application)*.* This resolution must be signed in the same year as the re-certification application. – St. Louis City/County is the exception and needs no resolution per State Statute 67.607.  **Employee Attestation** – A letterfrom the organization signed by the president/CEOattesting to the number of full-time (32 hrs per week, at least minimum wage) paid travel and tourism staff members. | | | | | | | | | | | | |
| **AUTHORIZING AGENTS:** Two contacts are required for all applications. | | | | | | | | | | | | |

I, asthe highest-ranking officer of      , hereby apply for certification that designates said organization as the official destination marketing organization for the Division of Tourism in       County/Counties. It is understood that in projects funded through the Cooperative Marketing Program, we will cooperate with non-certified marketing organizations within the county to market lodging, attractions, destinations and tourism activities on a countywide/regional basis.

Under penalties of perjury, I further attest that the information contained in and with this application truly and realistically reflects the purpose, position and activities of the applicant organization.

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

Print Name of DMO Principal Contact Title of DMO Principal Contact

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

Phone Number of DMO Principal Contact Email of DMO Principal Contact

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

Signature DMO Date

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

Print Name of Organization President/CEO Title of Organization President/CEO

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

Phone Number of Organization President/CEO Email of Organization President/CEO

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

Signature of Organization President/CEO Date

SAMPLE RESOLUTION

For the Official Destination Marketing Organization (DMO)

for the Division of Tourism

The county government must formally adopt this resolution.

WHEREAS, *(name of applicant)* ,a legitimate department, agency, or representative of \_\_\_\_\_*(county)* , is engaged primarily in the marketing and promotion of tourism; and

WHEREAS, this organization has shown and demonstrated evidence of its on-going tourism marketing activities and plans for promotion of \_\_\_\_\_*(county)* county; and

WHEREAS, this organization requires formal acknowledgement and recognition by the governing body of the county to become a qualified participant in the programs administered by the Missouri Division of Tourism:

NOW, THEREFORE, BE IT RESOLVED that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*(applicant)\_\_\_\_\_\_\_\_\_\_*is hereby designated and recognized as the single representative organization to solicit and service tourism in \_\_\_\_\_*(county)* for participation in the Missouri Division of Tourism programs.

IN TESTIMONY WHEREOF, I have hereunto set my hand, in

\_\_\_\_*(county)*\_\_ county, this day of , 20 .

*(signature*)­­­\_\_\_\_\_

*(Presiding commissioner)*

Resolution number \_\_\_\_\_\_\_

SAMPLE

Annual Income and Expense Statement

For Period Beginning on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and Ending on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

# DMO Name

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

# City, State

**YEAR-TO-DATE INCOME**

**(Itemize Income Sources Below)**

\_ \_ \_ \_ \_ \_ \_ \_ \_ \_ (Lodging Tax) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_ \_ \_ \_ \_ \_ \_ \_ \_ \_ (State Sources) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**TOTAL INCOME $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

## **YEAR-TO-DATE EXPENSES**

**(Itemize Expense Categories Below)**

Payroll & Administrative \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Marketing Expenses

Ad Production \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Billboards \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Brochures & Printed Materials \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Direct Mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

On-line Advertising \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Advertising \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Public Relations \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Radio & TV Advertising \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Local Advertising \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Convention Services Expenses \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Exhibition Fees \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FAM Tour Expenses \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Research \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other Expenses \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TOTAL EXPENSES** **$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**