

**VILLAGE OF LOMBARD  
LOCAL TOURISM GRANT PROGRAM APPLICATION FORM**

**GENERAL INFORMATION**

Organization:	Lombard Town Centre		
Name of event:	Spooktacular		
Date of event:	10/18/2015	Event location:	Downtown Lombard Streets
Contact person:	Sarah Richardt	Title:	Executive Director
Business address:	6 S. Park Ave.	City & Zip	Lombard, IL 60148
Telephone:	630-620-8063	Email:	Director@lombardtowntowncentre.org

**PROJECT OVERVIEW**

Total cost of the project:	\$7820
Cost of city services requested in this application (if any):	\$2000
Total funding requested in this application:	\$2000
Percent of total project cost being requested:	25%
Anticipated attendance:	4000
Anticipated number of overnight hotel stays:	0-5

Briefly describe the project for which are funds are being requested:

Spooktacular is an annual one day festival held in the downtown. Last year over 4000 people attended. The event is highlighted by trick-or-treating in the businesses, live music, vendors, and games for children. With sponsorships, and in-kind donations, we have been able to decrease our out of pocket expenses and create a wonderful event for the Village.

**ORGANIZATION**

Number of years that the organization has been in existence:	10
Number of years that the project or event has been in existence:	13
Number of years the project has been supported by Village of Lombard funds:	2
How many years does the organization anticipate it will request grant funding?	2+

1) Describe the organization (include brief history, mission, and ability to carry out this project):

Lombard Town Centre is a Main Street community organization with the mission to Preserve and promote the historic Downtown. We are a volunteer organization with one paid staff member. Through our 4 committees we work to **promote** our businesses with events (like Spooktacular), work on our **organization** through memberships, sponsorships and fundraising, help retain and recruit businesses through **economic restructuring** and work with the Village's downtown revitalization guide to **design** a charming and historic downtown.

2) Please describe the goals and objectives of the organization and how they are supported by this program:

Part of Lombard Town Centre's mission is to promote the downtown. Spooktacular highlights the businesses through trick-or-treating, while showcasing the downtown. We do this to give people a reason to come downtown and so they will come back.

3) What is the organization's plan to make the project self-sustaining?

We charged the children \$1 to participate in all games. We will continue to charge. We have significantly changed how we run this event in order to keep costs down while continuing to ask for more sponsors.

**PROJECT DESCRIPTION**

Have you requested grant funding in the past?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Is the event open to the general public?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Do you intend to apply for a liquor license for this project?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Will any revenues from this event be returned to the community?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

1) Provide the details regarding the event or project including a full description of the project and the anticipated timeline.

Spooktacular will happen on October 18, 2015. The event will include games, food, trick or treating in the local businesses. Major sponsors will again be contacted at the beginning of the year. We will again contact vendors in the spring for the event. Local businesses will be contacted to secure smaller sponsorships as the summer progresses.

2) If your application is accepted, how will the tourism grant funds be used?

\$420 for police, \$680 for barricades and \$900 for port-o-lets and trash.

3) What modifications to the event or other steps will be taken to increase event attendance over previous years (not applicable to first time events)?

We do not look to grow this event. It has had over 4000 attendees and it is at a comfortable level.

**LOCATION**

Provide the location of the event or project. If a location has not been secured, list the venue(s) being proposed or considered.

Downtown Lombard on St. Charles from Main Street to Elizabeth and Park Avenue from Grove to Michael McGuire

### MILESTONES AND TIMETABLES

Describe the milestones that will mark the progress towards implementing the project and provide a timetable for the completion of each milestone.

Booking the games and bands will happen in the first half of 2014. We will be contacting all vendors in by May as we will talk to vendors during the Lilac Time Art and Craft Fair. Sponsorships will be the key in making this happen. This is an ongoing project that will start early in 2015.

### IMPACT

- 1) Please describe how the event or program will promote overnight stays and/or tourism within the Village of Lombard.

One-day events are difficult to generate overnight stays. We will be looking for vendors from farther away to hopefully create some longer travelers. This is one event that brings an overall positive image to the Village of Lombard. Every event we host, is with the intent to boost the pride within the village and to highlight the Village outside of the community.

- 2) Please describe the economic benefit to local businesses and the Lombard community. How will your event draw more people from outside the local market (50 miles or more) or attract a new visitor audience?

2014 showed a great attendance. The event allows a large amount of patrons into the businesses to trick-or-treat. Many businesses use this event to market their business to gain repeat business. We paid for ads in DeKalb and we did gain people from the event.

- 3) Who is the target audience for your event or project? What is your anticipated attendance?

We are targeting families and anticipate 4000-4500 people.

- 4) Please describe any collaborative arrangements developed with other organizations to fund or otherwise implement the project (include in-kind donations).

We work with the Village of Lombard on all of our events. 2014 we worked with many private schools and organizations to provide free booth space. In return, they entertained the attendees with activities.

- 5) Please describe your marketing plan. Detail the strategies your organization will use to promote the event or project (e.g., advertising, public relations, marketing, print materials, promotional pieces).

We will again be buying an ad in Suburban family as well as the Lombardian. Banners are hung at Wilson and Main and at St. Charles and Park. We target a 6 county with Suburban Family. The local schools receive flyers as well as posters hung in the area. We will also look to place more ads in DeKalb.

**FINANCES**

- x Please include a detailed itemized budget for your entire event on the attached budget form (2 years of past actuals and estimates for upcoming event).
- x Attach a copy of the most recently completed agency audit and Federal Form 990. If these documents are not available, please explain why they are not available.

**CHECKLIST**

- x Completed Local Tourism Grant Program Application Form.
- x Completed detailed budget form.
- x Promotional materials from past events (not applicable to first time events).
- x Post event summary from past event (not applicable to first time events).
- x Copy of the most recently completed agency audit or explanation of why it is not available.
- x Copy of the most recent Federal Form 990 for the agency or explanation of why it is not available.

Additional Notes, Comments or Explanations:

. The Village of Lombard Tourism Grant helps Lombard Town Centre cover expenses in areas that are difficult to obtain sponsors (portable toilets, police and barricades).

**CERTIFICATION**

The undersigned certifies that to the best of his or her knowledge and belief that data in this application are true and correct, the application has been duly authorized by the organization and any funds received under this grant will be used for the purposes described in this application.

Name:	Sarah Richardt		
Title or office held:	Executive Director	Date:	12/9/2014

Signature: \_\_\_\_\_

**LOCAL TOURISM GRANT PROGRAM  
DETAILED BUDGET**

Event: Spooktacular Date: 10/19/2014

Organization: Lombard Town Centre

**INCOME:** Include an itemized list of all actual (past 2 years) and estimated project revenues (entry fees, gate receipts, food/beverage sales, donations, sponsorships, booth rentals, souvenir sales, other revenues)

ITEMIZED REVENUES	ACTUAL 2013	ACTUAL 2014	ANTICIPATED
Lombard Tourism Grant	\$4418.18	\$1960	\$2000
Revenue from vendor booths	\$1005.00	\$1770	\$2000
Sponsorships	\$8175.00	3037.48	\$4000
Wrist band sales	\$0.0	952.00	\$2000
<b>Total Income</b>	<b>13598.18</b>	<b>\$7719.48</b>	<b>\$10,000</b>

**EXPENSES:** Include an itemized list of all actual and estimated project expenses (advertising, supplies, labor, rentals, insurance, materials, entertainment, other expenses)

ITEMIZED EXPENSES	ACTUAL 2013	ACTUAL 2014	ANTICIPATED
Advertising	\$1070	\$650	\$1000
Entertainment	\$9920	\$1750	\$2000
police	\$420.00	\$420	\$420.00
barricades	\$630.00	\$640.00	\$640.00
Second stage	\$1300.00	\$1400.00	\$0.0
Candy	\$200.00	\$186.81	\$250.00
Pumpkin delivery	\$27.50	\$0.0	\$0
decorations	\$100.00	\$133.44	\$50.00
Waste management	900.00	900.00	\$900.00
<b>Total Expenses</b>	<b>\$13663.90</b>	<b>\$6080.25</b>	<b>\$5320</b>

**IN-KIND CONTRIBUTIONS:** Include an itemized list of all actual and estimated in-kind contributions. In-kind contributions are non-cash donations, contributions or gifts which can be given a cash value (include Village of Lombard in-kind services, where applicable)

Estimated value of in-kind contributions (explain)

<b>ACTUAL _____</b>	<b>ACTUAL 2014</b>	<b>ANTICIPATED</b>
\$	\$2350	2500
	Games, bounce houses, Candy, Band, DQ gift cards, Elite performance	Much of the same

# SPOOK TACTICALS

# HAUL FEST

PRESENTED BY:

LOMBARD  
TOWN CENTRE

FROM

(THE INTERSECTION OF ST. CHARLES AND PARK AVENUE IN DOWNTOWN LOMBARD)

LIVE PERFORMANCES BY

POWERED BY

GAMES, LIVE ENTERTAINMENT, A PETTING ZOO,

FREE PUMPKIN DECORATING (WHILE SUPPLIES LAST), ARTS & CRAFTS VERGES,

AND PLENTY OF

AND PLENTY OF

KIDS WRISTBANDS FOR \$1  
INCLUDES UNLIMITED GAMES AND ACTIVITIES

SPONSORED BY



Visit [LombardTownCentre.org](http://LombardTownCentre.org) or call 630-670-3063 for more information!

# SPOOKTACULAR FALL FEST

PRESENTED BY:  
**LOMBARD TOWN CENTRE**

FROM

(THE INTERSECTION OF ST. CHARLES AND PARK AVENUE IN DOWNTOWN LOMBARD)

LIVE PERFORMANCES BY

POWERED BY

GAMES, LIVE ENTERTAINMENT, A PETTING ZOO,  
FREE PUMPKIN DECORATING (WHILE SUPPLIES LAST), ARTS & CRAFTS VENDORS,  
FROM NOON UNTIL 2:00 P.M. IN THE DOWNTOWN BUSINESSES,  
AND PLENTY OF

KIDS WALKWAYS FOR \$1  
INCLUDES WALKWAY, GAMES AND ACTIVITIES

SPONSORED BY:



Visit [lombardtowncentre.org](http://lombardtowncentre.org) or call 630-620-8063 for more information!

12 out & about

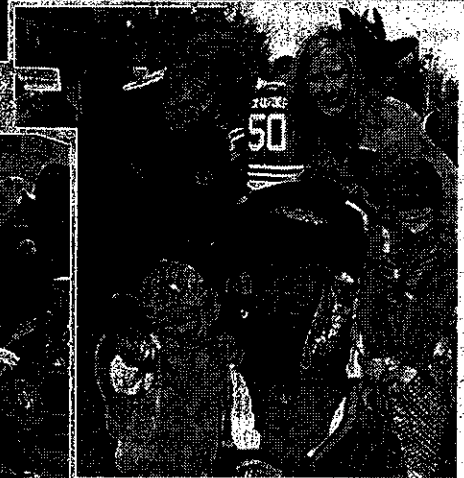
sept / oct 2014

suburban family | [subfam.com](http://subfam.com)



Dear Sarah ~

On behalf of St. John's  
Lutheran School, I'd like to  
thank you for giving us the  
opportunity to participate in  
the Lombard Town Centre  
Spooktacular. You were very  
generous with allowing us  
to have our booth ~ thank you!!!  
It was a pleasure to have some of  
our students, parents, & staff serving  
the families in our community.  
We were able to let Jesus' love  
shine ~ and you helped us do that.  
& cheerful in Christ ~  
KrisAnn Milas



*Photos by Steve Spoden*  
**Spooktacular!**

ANOTHER HUGE CROWD flocked into downtown Lombard Sunday to take in the sights and sounds of the 13th annual Lombard Town Centre Spooktacular Fall Fest. Activities included games, arts and crafts vendors, free pumpkins, live performances and trick-or-treating.



# Opinion



*Photos courtesy of Eric Gouty*

## Spooktacular fun

CROWDS OF COSTUMED CHILDREN flocked to downtown Lombard Sunday, Oct. 19, as Lombard Town Centre held its Spooktacular Fall Fest. Children trick-or-treated at downtown businesses and enjoyed a petting zoo, games, live entertainment and pumpkin decorating. Lombard Police Officer Eric Gouty (l. to r.) is pictured in the top photo with 2-1/2 year-old Lucas Rosenick, son of Paola and Mark Rosenick, owners of Iron Dragon Gym in Lombard, and Lombard Police Officer Frank Vivo. Gouty, who worked the event with Vivo, said there were many great kids, costumes and friendly people at the Spooktacular event. In the bottom photo, Vivo (l.) and Gouty (r.) are pictured with Makayia Sullivan, 4.

**VILLAGE OF LOMBARD**  
**LOCAL TOURISM GRANT – POST EVENT SUMMARY**

This post event summary must be completed within 90 days of the event completion. Failure to submit a post-event summary may affect the applicant's ability to receive future grant funds.

**GENERAL INFORMATION**

Organization:	Lombard Town Centre	Name of event:	Spooktacular
Date of event:	10/19/2014	Event location:	Downtown Lombard
Contact person:	Sarah Richardt	Title:	Executive Director
Business address:	6 S. Park Ave.	City & Zip:	Lombard, 60148
Telephone:	630-620-8063	E-mail address:	director@lombardtowncentre.org
Estimated attendance:	4000+	Estimated hotel stays:	0
Method for estimating attendance:	Counting with clicker throughout event		

- 1) Please summarize the advertising and marketing placed to promote the event. Please attach examples of event marketing pieces and advertisements.

We advertised in Suburban Family Magazine and Lombardian. We were working with Radio Disney to also get a wider audience but they went out of business locally before event

Provide a general assessment of the event. What were the successes of the event? Are there any concerns or recommendations of changes for future events? Click here to enter text.

The event was a huge success. People were happy, we tripled the amount of vendors and added new activities while reducing our expenses by 60%. We needed more people to help. Many volunteers did not show up.

- 2)  
3) How did the actual outcomes of the program or event compare to your original expectations?

It met or exceeded our expectations

Describe your organization's long term plans for funding this project or event.

In 2013 we asked for \$5000 from the Village. 2014 We reduced that amount to \$1800, the amount we pay for Village services. We will continue to ask for that in the future while paying for all other expenses on our own. We charged for wrist bands this year for children. Overall we made \$1400 on the event while last year we only broke even.

Please submit completed form and associated application documents on or before **December 15, 2013** to Nicole Aranas, Assistant Village Manger by e-mailing [aranasn@villageoflombard.org](mailto:aranasn@villageoflombard.org) or clicking below.

Submit

PMT # \_\_\_\_\_  
 AMT \_\_\_\_\_  
 INIT \_\_\_\_\_

# ILLINOIS CHARITABLE ORGANIZATION ANNUAL REPORT

Attorney General **LISA MADIGAN** State of Illinois  
 Charitable Trust Bureau, 100 West Randolph  
 11th Floor, Chicago, Illinois 60601

CO # 01057230

Report for the Fiscal Period:

Beginning 01 / 01 / 2013

& Ending 12 / 31 / 2013

**Check all items attached:**

- Copy of IRS Return
  - Audited Financial Statements
  - Copy of Form IFC
  - \$15.00 Annual Report Filing Fee
  - \$100.00 Late Report Filing Fee
- Make Checks Payable to the Illinois Charity Bureau Fund*

Federal ID # 202718529

Are contributions to the organization tax deductible?  Yes  No

Date Organization was created: 03 / 02 / 05

LEGAL NAME Lombard Town Centre	Year-end amounts	
MAIL ADDRESS 6 S. Park Ave.	A) ASSETS	A) \$ 13923
CITY, STATE Lombard, IL 60148	B) LIABILITIES	B) \$ 0
ZIP CODE	C) NET ASSETS	C) \$ 13923

I. SUMMARY OF ALL REVENUE ITEMS DURING THE YEAR:	PERCENTAGE	AMOUNT
D) PUBLIC SUPPORT, CONTRIBUTIONS & PROGRAM SERVICE REV. (GROSS AMTS.)	%	D) \$ 25260
E) GOVERNMENT GRANTS & MEMBERSHIP DUES	%	E) \$ 54038
F) OTHER REVENUES	%	F) \$ 150
G) TOTAL REVENUE, INCOME AND CONTRIBUTIONS RECEIVED (ADD D,E, & F)	100%	G) \$ 79448

II. SUMMARY OF ALL EXPENDITURES DURING THE YEAR:	PERCENTAGE	AMOUNT
H) OPERATING CHARITABLE PROGRAM EXPENSE	%	H) \$ 14225
I) EDUCATION PROGRAM SERVICE EXPENSE	%	I) \$ 0
J) TOTAL CHARITABLE PROGRAM SERVICE EXPENSE (ADD H & I)	%	J) \$ 14225
K) JOINT COSTS ALLOCATED TO PROGRAM SERVICES (INCLUDED IN J): \$		
K) GRANTS TO OTHER CHARITABLE ORGANIZATIONS	%	K) \$ 0
L) TOTAL CHARITABLE PROGRAM SERVICE EXPENDITURE (ADD J & K)	%	L) \$ 0
M) MANAGEMENT AND GENERAL EXPENSE	%	M) \$ 51162
N) FUNDRAISING EXPENSE	%	N) \$ 8527
O) TOTAL EXPENDITURES THIS PERIOD (ADD L, M, & N)	100%	O) \$ 59689

III. SUMMARY OF ALL PAID FUNDRAISER AND CONSULTANT ACTIVITIES:	PERCENTAGE	AMOUNT
<i>(Attach Attorney General Report of Individual Fundraising Campaign- Form IFC. One for each PFR.)</i>		
<b>PROFESSIONAL FUNDRAISERS:</b>		
P) TOTAL AMOUNT RAISED BY PAID PROFESSIONAL FUNDRAISERS	100%	P) \$ 0
Q) TOTAL FUNDRAISERS FEES AND EXPENSES	%	Q) \$ 0
R) NET RECEIVED BY THE CHARITY (P MINUS Q=R)	%	R) \$ 0
<b>PROFESSIONAL FUNDRAISING CONSULTANTS:</b>		
S) TOTAL AMOUNT PAID TO PROFESSIONAL FUNDRAISING CONSULTANTS		S) \$ 0

IV. COMPENSATION TO THE (3) HIGHEST PAID PERSONS DURING THE YEAR:	AMOUNT
T) NAME, TITLE: Michelle Iwinski, Executive Director	T) \$ 22067
U) NAME, TITLE: Sarah Richard, Executive Director	U) \$ 15755
V) NAME, TITLE:	V) \$

V. CHARITABLE PROGRAM DESCRIPTION:	CHARITABLE PROGRAM (3 HIGHEST BY \$ EXPENDED) CODE CATEGORIES
W) DESCRIPTION:	List on back side of instructions CODE W) #
X) DESCRIPTION:	X) #
Y) DESCRIPTION:	Y) #

IF THE ANSWER TO ANY OF THE FOLLOWING IS YES, ATTACH A DETAILED EXPLANATION:		YES	NO
1.	WAS THE ORGANIZATION THE SUBJECT OF ANY COURT ACTION, FINE, PENALTY OR JUDGMENT? .....		✓
2.	HAS THE ORGANIZATION OR A CURRENT DIRECTOR, TRUSTEE, OFFICER OR EMPLOYEE THEREOF, EVER BEEN CONVICTED BY ANY COURT OF ANY MIDSDEMEANOR INVOLVING THE MISUSE OR MISAPPROPRIATION OF FUNDS OR ANY FELONY? .....		✓
3.	DID THE ORGANIZATION MAKE A GRANT AWARD OR CONTRIBUTION TO ANY ORGANIZATION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES OWNS AN INTEREST; OR WAS IT A PARTY TO ANY TRANSACTION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES HAS A MATERIAL FINANCIAL INTEREST; OR DID ANY OFFICER, DIRECTOR OR TRUSTEE RECEIVE ANYTHING OF VALUE NOT REPORTED AS COMPENSATION? .....		✓
4.	HAS THE ORGANIZATION INVESTED IN ANY CORPORATE STOCK IN WHICH ANY OFFICER, DIRECTOR OR TRUSTEE OWNS MORE THAN 10% OF THE OUTSTANDING SHARES? .....		✓
5.	IS ANY PROPERTY OF THE ORGANIZATION HELD IN THE NAME OF OR COMMINGLED WITH THE PROPERTY OF ANY OTHER PERSON OR ORGANIZATION? .....		✓
6.	DID THE ORGANIZATION USE THE SERVICES OF A PROFESSIONAL FUNDRAISER?( ATTACH FORM IFC ) .....		✓
7a.	DID THE ORGANIZATION ALLOCATE THE COST OF ANY SOLICITATION, MAILING, ADVERTISEMENT OR LITERATURE COSTS BETWEEN PROGRAM SERVICE AND FUNDRAISING EXPENSES? .....		✓
7b.	IF "YES", ENTER (i) THE AGGREGATE AMOUNT OF THESE JOINT COSTS \$ _____; (ii) THE AMOUNT ALLOCATED TO PROGRAM SERVICES \$ _____; (iii) THE AMOUNT ALLOCATED TO MANAGEMENT AND GENERAL \$ _____; AND (iv) THE AMOUNT ALLOCATED TO FUNDRAISING \$ _____		
8.	DID THE ORGANIZATION EXPEND ITS RESTRICTED FUNDS FOR PURPOSES OTHER THAN RESTRICTED PURPOSES? .....		✓
9.	HAS THE ORGANIZATION EVER BEEN REFUSED REGISTRATION OR HAD ITS REGISTRATION OR TAX EXEMPTION SUSPENDED OR REVOKED BY ANY GOVERNMENTAL AGENCY? .....		✓
10.	WAS THERE OR DO YOU HAVE ANY KNOWLEDGE OF ANY KICKBACK, BRIBE, OR ANY THEFT, DEFALCATION MISAPPROPRIATION, COMMINGLING OR MISUSE OF ORGANIZATIONAL FUNDS? .....		✓
11.	LIST THE NAME AND ADDRESS OF THE FINANCIAL INSTITUTIONS WHERE THE ORGANIZATION MAINTAINS ITS THREE LARGEST ACCOUNTS: Fifth Third Bank		
12.	NAME AND TELEPHONE NUMBER OF CONTACT PERSON: <u>Renee Mayhew (630) 424-2800</u>		

**ALL ATTACHMENTS MUST ACCOMPANY THIS REPORT - SEE INSTRUCTIONS**

UNDER PENALTY OF PERJURY, I (WE) THE UNDERSIGNED DECLARE AND CERTIFY THAT I (WE) HAVE EXAMINED THIS ANNUAL REPORT AND THE ATTACHED DOCUMENTS, INCLUDING ALL THE SCHEDULES AND STATEMENTS AND THE FACTS THEREIN STATED ARE TRUE AND COMPLETE AND FILED WITH THE ILLINOIS ATTORNEY GENERAL FOR THE PURPOSE OF HAVING THE PEOPLE OF THE STATE OF ILLINOIS RELY THEREUPON. I HEREBY FURTHER AUTHORIZE AND AGREE TO SUBMIT MYSELF AND THE REGISTRANT HEREBY TO THE JURISDICTION OF THE STATE OF ILLINOIS.

**BE SURE TO INCLUDE ALL FEES DUE:**

- 1.) REPORTS ARE DUE WITHIN SIX MONTHS OF YOUR FISCAL YEAR END.
- 2.) FOR FEES DUE SEE INSTRUCTIONS.
- 3.) REPORTS THAT ARE LATE OR INCOMPLETE ARE SUBJECT TO A \$100.00 PENALTY.

Walter Smith

\_\_\_\_\_  
PRESIDENT or TRUSTEE (PRINT NAME)

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

Shawn Mathie

\_\_\_\_\_  
TREASURER or TRUSTEE (PRINT NAME)

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

Shawn Mathie

\_\_\_\_\_  
PREPARER (PRINT NAME)

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE