



The primary purpose of the Special Event Grant Funding Program is to provide funding to local organizations for marketing of special events that promote Hernando County/Florida's Adventure Coast as a tourist destination. Funds received pursuant to the Special Event Grant Funding Program must be used for expenditures associated with marketing and promoting the event to visitors and guests outside of Hernando County, with the goal of encouraging overnight visitors. The program is administered through the Florida's Adventure Coast Visitor Bureau.

Applicants are required to provide the following completed application and to make a presentation regarding their proposed event before the Tourist Development Council (TDC). Local special events that may receive funding must demonstrate a history of producing room nights, creating positive economic impact, and/or the potential to draw visitors to the area with a regional marketing plan. In addition, applicants must be able to project a number of overnight visitors staying in Florida's Adventure Coast accommodations. The following application should specify the grant dollar amount requested and a detailed proposed use of the requested funds. All forms must be completed and submitted to the Tourism Bureau in advance of the TDC Meeting where presentations will be heard.

Local Special Event Grant Funding Program applications, presentations, and supplemental materials will be reviewed prior to the July 27, 2016 TDC meeting held at the Brooksville-Tampa Bay Regional Airport. Applications should be submitted to the Tourism Bureau no later than end of business on Monday, July 18, 2016. Following review by the TDC you will be contacted if there are any follow-up questions pertaining to your application. You will make your presentation at the August 24, 2016 TDC meeting at the Brooksville-Tampa Bay Regional Airport.

The number of grants awarded and the amount of each grant award will be dependent upon the availability of designated funds and specific allocations. There is a 1/3 cap amount on how much an applicant may request through the Local Special Event Grant Funding Program. For example, if the total funds available for the Local Special Event Grant Funding Program are \$30,000 an applicant may not request more than \$10,000. If an applicant's request is above the cap amount the TDC will impose the cap. Additionally, no more than 1/3 of the Local Special Event's total budget may be provided by the TDC. For example, if the Local Special Events budget is \$18,000, the applicant may not request more than \$6,000 in TDC Funding. There is a 5-year maximum funding period for any Local Special Event; funding in year four will be no more than one half the funding provided in year three; funding in year five will be no more than one half the funding in year four.

All Special Funding Grants are reimbursement grants and will be paid upon completion of the event and submission of all required requests for funds, reports and visitor surveys. All Requests for Funds forms must be completed and submitted to the HCTDC within 60 days of close of the event. Copies of paid invoices, cancelled checks, tear sheets, printed samples or other backup information to substantiate payment must accompany request for funds. No funding may be reimbursed until the HCTDC approves the funding. Invoices must be made to Florida's Adventure Coast Visitors Bureau along with appropriate tear sheets or promotion items. All information should be submitted on 8 ½ x 11" white paper.

Please read the entire application carefully. There have been a variety of changes to the program and the County's insurance requirements. ***Failure to adhere to all policies, guidelines and requirements will result in forfeiture of any and all TDC Funding.***

Please read all policies carefully.

- Local Special Event Grant funds are intended to **supplement** the applicant organization's budget.
- All Local Special Event Marketing Program grant recipients are required to attend a **mandatory** workshop on grant procedures; working with the Visitors Bureau, the visitor bureau's marketing programs and reporting requirements.



- The organization's marketing coordinator and authorized agent are required to attend; additional members of the organization are welcome to attend. ***Organizations whose marketing coordinator and authorized agent do not attend the designated workshop will forfeit any and all tourism funds awarded.*** NOTE: Recipient organizations will be advised of the workshop date once it is scheduled.
- Applications received after the submission deadline will NOT be considered.
- All applicant organizations are required to make an oral presentation (5-minute time limit with question and answer) to the TDC during the TDC Meeting scheduled for grant applications presentations.
- The TDC will calculate the scores and adjust the total scores if necessary. Once all scores are calculated and verified; the grant recipients will be notified.
- **Visitor tracking of attendees is required.** Local Special Event coordinators may choose to use the attached Visitor Survey sample, or a survey of their choosing, however ***all tracking must include at a minimum the zip code, number in party and lodging information of the visitor. Organizations that do not submit Visitor Surveys will automatically forfeit any and all tourism funds awarded.***
- Copies of paid invoices, cancelled checks, tear sheets, printed samples or other backup information to substantiate payment must accompany request for funds. All requests for reimbursement must be received no later than 60 days from close of Event. No funding may be reimbursed until the Florida's Adventure Coast Visitors Bureau approves the funding.
- Invoices must be made to HCTDC along with appropriate tear sheets or promotion items. All information should be submitted on 8 ½ x 11" white paper.

All applications must be complete. The Local Special Event Grant Application will include the organization's board or key agents and contact information, including the Authorized Agent, marketing coordinator contact, description of the event, marketing plan, amount of funding required for event and amount requested from the TDC, including any eligible expenses, the obligation of the recipient to obtain liability insurance naming the County as a certificate holder and as additionally insured. (For instructions on this process, please call the Florida's Adventure Coast Visitors Bureau.) The Local Special Event Grant Agreement is required to be executed by the Authorized Agent of the legal entity proposing the event and witnessed by one other person prior to consideration by the TDC. The Authorized agent that is responsible for maintaining the official file with application, all correspondence, funding, narrative progress reports, surveys and requests for funding. Upon the conclusion of the Local Special Event, the Post Event Report, see Exhibit A, attached hereto, must be completed and submitted to the Tourism Bureau in order to obtain reimbursement up to the grant award amount. All payments are on a reimbursement basis and will be made after proof of payment of paid invoices are presented, following an event. If the payout window is missed, please note that no payments will be processed after the end of the fiscal year (September 30th).

Reimbursement of funds must stay within the confines of the Project Expenses outlined in your application. Organizations receiving funding should take into consideration that it may take up to 60 days for Hernando County to process requests for payment. All submissions, reports, etc. should be submitted to Tammy Heon. It is the Events Authorized Agent's responsibility to ensure that all Federal, State and County laws and policies are followed.

Each application will be evaluated by the TDC using the following criteria.

The TDC and Tourism Development Manager will use the application, evaluation by the TDC and the following grid as a **guideline** when recommending and approving funding by the TDC.



A. Production of Room Nights – Worth up to 6 points

Room Nights	Grant Funding	Points Awarded
300+	Up to \$5,000	6
201-300	Up to \$3,000	5
151-200	Up to \$2,500	4
101-200	Up to \$2,000	3
51-100	Up to \$1,500	2
Up to 50	Up to \$1,000	1

B. Production of Room Nights – Worth up to 30 points/6 points per question

1. Will the Local Special Event attract overnight visitors to Hernando County or, if a repeat event, has the Local Special Event demonstrated a history of generating room nights/overnight visitors?
2. Does the room night history show signs of growth or consistency? How significant are the recent calendar year room night numbers?
3. If a new event, how strong and accurate is the estimate of overnight visitors?
4. Has a host hotel or accommodation partnership(s) been established?
5. How accurate are the room night statistics? If a repeat Event, are the room nights validated by the property's manager, booking engine, County document, or survey?

C. Marketing Plan – Worth up to 21 points / 3 points per question

1. Is there an itemized marketing/ad budget for the proposed Local Special Event? If a repeat Local Special Event how does the proposed marketing plan compare to past years?
2. How creative is the marketing plan? If a repeat event, is the marketing plan evolving with the room night numbers?
3. Did applicant use the previous grant awarded? (if applicable) How does the previous year's marketing plan compare to actual reimbursed expenses? For example, did the applicant promote the Local Special Event as stated in the previous application?
4. When are the advertising/promotions for the Local Special Event scheduled? Are they planned in advance to promote travel to the event and produce overnight visitors? How will the requested funding be used?
5. Does the applicant propose co-op advertising opportunities with other Local Special Events or the Tourism Bureau?
6. If a repeat Local Special Event, how did the applicant measure the success of their promotions and marketing campaigns for the Event?
7. If a repeat Local Special Event, how much publicity and earned media exposure did the Event receive in the past? Who promoted the Local Special Event?



D. Out of County Advertising - 10 points

To be considered for funding, the proposed Local Special Event must be advertised outside of Hernando County; regionally, state wide or nationally.

1. Does the Local Special Event provide opportunities for state, regional, national, and/or international exposure?
2. Is the Local Special Event proposed to be advertised outside a 50-mile radius of Hernando County?
3. Is the Local Special Event proposed to be promoted regionally up to 250-miles (Jacksonville, South Florida, and the Panhandle?)
4. If a repeat Local Special Event, how well has the applicant credited/mentioned Hernando County Tourist Development Council and/or utilized the brand logo in prior ads?
5. Is the Local Special Event proposing to use new media (Constant Contact, e-magazines or social media)?

E. Economic Impact – Worth up to 10 points/2 points per question

1. How strong is the overall benefit to tourism in Hernando County?
2. How strong is the out-of-town day trip visitor impact to Hernando County? Not necessarily overnight visitors but producing an impact for our stakeholders: restaurants, shops, gas, food, entertainment, etc.
3. Is there growth in the Local Special Event? For example, has the main event added attractions to enhance the show?
4. What area businesses will benefit from this Local Special Event?
5. How do they calculate economic impact? Is it their study or survey, or generic version supplied by Visit Florida and/or Hernando County?

F. Timing of the Event. Worth up to 12 points / 3 points per question

1. How unique is the proposed Local Special Event?
2. Is the Local Special Event scheduled for more than one day?
3. Is the schedule for the Local Special Event created in a manner to lure overnight visitors?
4. Is the Local Special Event scheduled to occur during the off-season (May- October) which is more a desirable time?

G. Additional Organization Information - (Scored 0 or ±5 per question)

1. Has the applicant organization attended the annual Hernando Tourism Summit and/or the Local Special Events Marketing Program Workshop?
2. How often does the organization volunteer at other Local Special Events and/or the Hernando Tourism Bureau (either in the office or at Special Events)?
3. Did they turn in a sample of the Special Event County Survey or own survey?
4. Does the event have a recycling plan in place?
5. Does the event support one of the Tourism Bureau's top five target markets?
6. Does the organization support other Local Special Events? Is there a plan to cross-promote other Local Special Events?



Once completed, submit the following application to Florida's Adventure Coast Visitors Bureau, 15800 Flight Path Dr., Brooksville, FL 34604.

For reference, please retain a copy of the entire completed packet for your own use.

I. APPLICANT INFORMATION

Entity Legal Name: _____

Entity FED #: _____

Is the Entity a Florida corporation or registered to do business in the State of Florida? _____

If uncertain, visit <http://www.sunbiz.org/>

Is the Entity a registered Not-for-profit organization?: _____

Authorized Agent for Event: _____

Application completed by:

Title/relationship to Entity named above: _____

Telephone No.: _____

Mailing Address: _____

Email Address: _____

Has the organization attended the annual Adventure Coast Tourism Summit and/or Grant Workshop? _____

Has the organization volunteered at other Local Special Events and/or with the Tourism Bureau to promote Tourism? Please explain: _____

Marketing Contact for Organization: _____

Telephone No.: _____

Mailing Address: _____

Email Address: _____

Event or Organization Website: _____



Event or Organization Social Media Sites: (Please provide complete URL for social media channels)

II. EVENT INFORMATION

Event Title:

Date(s):

Event location(s):

Hotel/Accommodation Partner:

Contact Person:

Telephone Number:

Projected number of hotel rooms per night:

Projected number of local attendees/participants (not overnight):

Projected number of out-of-county attendees/participants (not overnight):

Projected number of event vendors:

Has liability/medical insurance been secured? No/Yes Carrier:

Has lodging/Host Hotel been secured? If yes, please indicate places, contacts and phone numbers:

Please explain room night projections process and/or any formulas used in calculations:



How is the effectiveness of the promotion of the Local Special Event measured? (Attach separate sheet if needed):

III. EXPENSES

Provide the following projected reimbursable advertising and the cost for each. (Attach separate sheet if needed):

Reimbursable Marketing Expenses	Costs
Total Reimbursable Expenses:	\$

Total Grant Amount Requested: \$ _____

One copy of each item below must be attached to your original application:

- Charter, Articles of Incorporation, By-laws, Proof of Current Status (Except government entities)
- Minutes of meeting authorizing officers to apply for Tourism Local Special Events Grant
- IRS Determination letter of non-profit status (Except government entities)
- List of Board Members and officers with terms and salaries
- Organizational Chart
- Copy of financial statement of your most recent fiscal year (Except government entities)
- Proof of liability insurance
- Letters of commitment from co-sponsors and matching funds contributors

IV. SIGNATURE/DISCLAIMER

On behalf of _____, I certify that I have completed this Local Special Event Grant Funding Application and attest that all information provided herein and attached hereto is true and accurate:

Authorized Signature
Title
Date



Please initial next to each item below, signifying that you have read and understand the conditions of the Tourism Special Event Funding Grant Program.

_____ I understand that the Event's Marketing Coordinator and Authorized Agent must attend the Florida's Adventure Coast Visitors Bureau Tourism Summit or specified Grant Workshop in order to be eligible for funding. Exact dates of training will be advised in your confirmation letter.

_____ I understand that all printed and/or digital collateral and advertisements must include the Florida's Adventure Coast Visitors Bureau logo as one of the event sponsors on any and all advertising and marketing materials, the event website (with link), programs, and any newsletters or email notifications promoting the event.

_____ I understand that the Event will incorporate the Florida's Adventure Coast-Brooksville-Weeki Wachee name and geographic location in all press releases and interviews.

_____ I understand that all advertising and promotion submitted for reimbursement must take place in areas outside of Hernando County.

_____ I understand that all printed or promotional materials with the Florida's Adventure Coast Visitors Bureau logo must be proofed by the Florida's Adventure Coast Visitors Bureau staff in order to ensure correct and appropriate usage of the brand. **All reviews require a minimum of 48 hours.** Failure to have advertising pre-approved by the Visitors Bureau does not eliminate the requirement of proper usage in order to be eligible for reimbursement.

_____ I understand that the event coordinators will provide the Florida's Adventure Coast Visitors Bureau an on-site presence (a high-traffic booth, person or collateral) including but not limited to the display of multiple banners or flags and an easy accessible booth in a central location. The event coordinators will work collaboratively with the Visitors Bureau staff, encouraging participants and attendees to use social media during the event by including Visitors Bureau social media details (as supplied at the mandatory training session). The event coordinators will also supply 10 all-access tickets to the Event and allow the Visitors Bureau staff all-access to the Event to capture photos/videos. Event coordinators will supply at least two parking passes for HCTDC's use.

_____ I understand that all reporting requirements must be satisfied in order to receive reimbursement dollars.

_____ I understand that the Event must be accessible to the public and to disabled persons.

_____ I understand that Hernando County requires each grant recipient to have a General Liability Insurance of \$1 million each occurrence / \$2 million aggregate with HCBOCC as additional insured and waiver of subrogation as to General Liability. Certificates of insurance must be provided no less than 30 days prior to the event.

Hernando County Tourist Development Council
Florida's Adventure Coast Visitor Bureau
Local Event Grant Funding Program
Application for Grant, Grant Agreement, Guidelines and Procedures



Florida's
ADVENTURE COAST
BROOKSVILLE ♦ WEEKI WACHEE
— FloridasAdventureCoast.com —

This agreement shall not constitute any admission of liability or fact by any party. The agreement may be executed in one or more counterparts, each of which shall be considered an original counterpart, and shall become effective when both parties have executed one counterpart.

Any notice contemplated or required by this Agreement shall be sent, in writing, to:

For the HCTDC Tammy J. Heon, Manager, Tourism Development
Florida's Adventure Coast Visitors Bureau, 15800 Flight Path Dr., Brooksville, FL 34604

For Event: Event Organizer, Authorized Agent, Event Organizer's Address.

The undersigned, acting on behalf of and with full authority to commit the entity and county identified below, agrees to ratify and agree to be bound by all terms contained in the Agreement as if said entity and county had signed the Agreement.

In witness whereof, the undersigned parties have executed and delivered this agreement as of:

Date

Tammy J. Heon
Manager, Tourism Development
Florida's Adventure Coast Visitors Bureau

Event Organizer's Authorized Agent



LOCAL SPECIAL EVENT FINAL REPORT

Entity Legal Name: _____

Event Name: _____

Report Date: _____

Authorized Agent for Event: _____

Report completed by: _____

Title/relationship to Entity Named Above: _____

Telephone No.: _____

Mailing Address: _____

Email Address: _____

Phone: _____

On an attached sheet, please provide responses to the following questions for your Event's final report.

1. Was this a first time event? If not, how many times has this event taken place?
2. What hotels committed special rates or packages for the event?
3. What is the number of hotel room nights generated by this event?
4. What is the name and address of Hotels/Motels and contact person?
5. What is the total revenue generated for this event?
6. Total expenses. (Have all vendors been paid?)
7. List the vendors that have been paid, if not, what invoices are still outstanding and why?
8. What is the number of participants that came to this event?
9. What is the percentage of the total participants from out of Hernando County?
10. What problems occurred (if any) during the event?
11. List the out-of-county advertising, marketing, and/or public relations that were contracted/utilized?
12. How can the event be improved or expanded?

Attach the finalized budget for this event (vs the estimate budget provided preliminarily).

Attach the Hotel Room Night Certifications and Visitor Surveys.



HOTEL ROOM NIGHT CERTIFICATION

TO: General Manager and/or Director of Sales

The purpose of this form is to quantify the actual number of room nights utilized on Florida's Adventure Coast for a specific Local Special Event. Your cooperation in documentation these room nights is very important to the Florida's Adventure Coast Visitors Bureau and our Local Special Event Grants Program. Thank you in advance for your assistance. Please provide the following information.

Hotel Name and Address:

	TRACKED ROOM NIGHTS					
GROUP NAME						
LOCAL SPECIAL EVENT						
DATE						
PAID ROOM NIGHTS						
COMP ROOM NIGHTS						

Please provide any additional comments: -----

Hotel Representative Signature: -----

Telephone: -----

Email: -----

Your cooperation in completing this form is both greatly appreciated and necessary for the grant funding recipient to receive their reimbursement dollars. Should you have any questions or need additional information please contact Florida's Adventure Coast Visitors Bureau at 352-754-4405.



LOCAL SPECIAL EVENT VISITOR SURVEY

1. What is your zip code? _____
2. How many are in your visiting party? _____

CIRCLE OR CHECK ALL THAT APPLY BELOW:

3. What was the **PRIMARY** reason for visiting Florida's Adventure Coast, Brooksville - Weeki Wachee?

This event Vacation Visit Friends/Relatives Business Other: _____

4. How did you travel to Tampa Bay/ Florida's Adventure Coast, Brooksville - Weeki Wachee?

Own Vehicle Plane Bus Other: _____

5. How many nights did you stay in Florida's Adventure Coast, Brooksville - Weeki Wachee?

Number of Nights: _____ Day Trip Only: _____

6. Where are you staying on Florida's Adventure Coast, Brooksville - Weeki Wachee?

Hotel Vacation Rental Friends/Relatives Bed & Breakfast

Campground Other Name of Accommodation _____

7. How much did you spend on average per day on Florida's Adventure Coast, Brooksville - Weeki Wachee?

\$0-25 \$26-50 \$51-75 \$76-100 \$101-125 \$126-150 \$151-and up

8. What other activities did you participate in while on Florida's Adventure Coast, Brooksville - Weeki Wachee?

Beach Fishing Kayaking/Canoeing Dining Out

Arts/Culture Sports Cycling Other: _____

9. How did you find out about our event?

Newspaper Ad TV Radio Event Website Social Media Tourism Website

Word-of-Mouth Magazine Returning Visitor Other _____

Optional Information:

Name:

Address: _____

Email:

