

Hernando County Tourist Development Council
Local Event Grant Funding Program
Application for Grant, Grant Agreement, Guidelines and Procedures



Florida's
ADVENTURE COAST
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The primary purpose of the Hernando County Local Special Event Grant Funding Program is to provide funding to local organizations for marketing of special events that promote Hernando County 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 Hernando County TDC and Florida's Adventure Coast Visitors 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 Hernando County 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 at the September 12, 2019 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, August 5.

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 45 days of close of the event. Copies of paid invoices, canceled 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 HCTDC 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 Tourism Bureau, the tourism bureau's marketing programs and reporting requirements.

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- 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: workshops are typically held in late October and during "Tourism Week," traditionally held the second week of May. **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. Applications must be received (in writing) at least at least 10 business days prior to the meeting.
- 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 45 days from close of Event. No funding may be reimbursed until the HCTDC 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 Hernando County Tourism 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.

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 90 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, based on the event marketing plan, potential for room nights, quality and timing of proposed event, and if a repeat event, the prior history of the event.



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: _____

Administrative Contact for Organization: _____

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: _____

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: _____

Repeat Events: Has the proposed Local Special Event received a grant in the past? If yes, provide examples or a matrix of promotional materials, including radio, television videos, printed fliers, ads, or other advertising purchased with Local Special Event Grant Funds from the most recent year a grant was received, and complete the following:

Year	Grant Funding	# of Room Nights Produced	Average Room Rate
2018			
2017			
2016			

Is there growth in the Local Special Event? For example, have the organizers added new attractions to enhance the Event? Please provide the details: _____

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What are the demographics of the potential attendees of the proposed Local Special Event?

How will 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: \$ _____

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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 naming Hernando County as Additionally Insured
- Letters of commitment from co-sponsors and matching funds contributors

Once completed, submit the grant 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.

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** Florida's Adventure Coast Visitors Bureau's Tourism Summit or specified Grant Workshop in order to be eligible for funding. Exact dates of training will be advised in your confirmation letter. **Failure to attend the workshop will result in cancellation of any grant funding awarded.**

_____ I understand that **all printed and/or digital collateral and advertisements** must include the Florida's Adventure Coast Visitors Bureaus' logo as one of the event sponsors and 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. Copies of all advertising must be submitted with your reimbursement request.

_____ I understand that **all printed or promotional materials with the Florida's Adventure Coast Visitors Bureau logo must be proofed by the Manager of Tourism Development** 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 Tourism Bureau does not eliminate the requirement of proper usage in order to be eligible for reimbursement. **Failure to use the correct logo and use it properly will result in cancellation of any grant funds awarded.**

_____ I understand that the event coordinators will provide the Florida's Adventure Coast Visitors Bureau an on-site presence (a high-traffic booth, staff 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.

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This agreement shall not constitute any admission of liability or Florida's Adventure Coast t 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:

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

Date

Event Organizer's Authorized Agent

Date



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 in order to apply for your reimbursement.

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 an invoice, from the event's organization to the TDC, c/o Florida's Adventure Coast Visitors Bureau, 15800 Flight Path Drive, Brooksville, FL 34604

Attach the finalized budget for this event, with copies of all advertising, invoices and proof of payment.

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 Hernando County Tourism 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 – Long Form

1. What is your zip code? _____

2. How many are in your visiting party? _____

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?

Circle all that apply: Beach Fishing Kayaking/Canoeing Dining Out

Arts/Culture Sports Cycling Other: _____

9. How did you find out about our event? Circle all that apply

Newspaper Ad TV Radio Event Website Social Media Tourism Website

Word-of-Mouth Magazine Returning Visitor Other _____

Optional Information:

Name: _____

Address: _____

Email: _____



LOCAL SPECIAL EVENT VISITOR SURVEY – Short Form

1. What is your zip code? _____
2. How many are in your visiting party? _____
3. If visiting from out of town, did you spend an overnight on Florida's Adventure Coast?
Hotel _____
Campground _____
Family or Friends _____