

# Flagler County

## Tourist Development Council



[www.visitflagler.org](http://www.visitflagler.org)

### Tourism Grant Guidelines and Application for Overnight Stay Special Events

1769 East Moody Boulevard, Suite 311  
Bunnell, Florida 32110  
(386) 313- 4013

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# Flagler County Tourist Development Council

## 2010/2011 Submittal & Meeting Schedule\*\*

Submittal Deadline	TDC Meeting Date
9/29/2010	10/20/2010
12/29/2010	1/19/2011
3/30/2011	4/20/2011
6/29/2011	7/20/2011

The TDC will review funding for Overnight Stay Special Events quarterly in October, January, April and July

Flagler County Tourist Development Council meets at 9:00 am in the Government Services Building, Board Chambers, 1769 East Moody Boulevard, Building 2 in Bunnell.

### Mailing Address

Government Services Building, Third Floor  
1769 E. Moody Boulevard, Suite 311  
Bunnell, FL 32110

Please contact (386) 313-4013 for an application.

\*\*Meeting dates subject to change.

**Visit our website**  
[www.VisitFlagler.org](http://www.VisitFlagler.org)

## **Overnight Stay Special Event Grant Criteria**

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One hundred percent (100%) of the funds awarded to overnight stay special event grant recipients shall be used for advertising and promotion to target audiences outside the local market.

**Advertising Requirements** The Flagler County Tourist Development Council logo and the Visit Flagler Web Address ([www.visitflagler.org](http://www.visitflagler.org)) must appear prominently in all advertising and publicity (both written or electronic) for the special event. In addition, for "Overnight Stay" Special Event Grants in amounts greater than \$5,000, all advertising must also include the current tourism tag line "Come and Relax on the Quiet Side of Florida...Call 800- 670-2450 or Visit [www.visitflagler.org](http://www.visitflagler.org) for your free vacation guide and calendar of events".

**Required Match** "Overnight Stay" Special Event Grant Funds awarded pursuant to this section shall represent no more than 50% of the total cost of the event, as documented in the final event report.

### **Mandatory Consultations**

Not less than **60 days prior** to submitting an application:

All applicants must meet with the representative of the Flagler County Tourist Development Council at the Flagler County Chamber of Commerce.

Applicants will receive guidance regarding lodging partnerships, advertising, economic impact survey requirements and further resources.

No later than **30 days after** an event:

All "Overnight Stay" Special Event Grant Recipients must meet with a representative of the Flagler County Tourist Development Council at the Flagler County Chamber of Commerce to provide post event reporting.

### **Special Event Grant Criteria:**

Additionally, all Overnight Stay Special Event Grant Applications which are properly submitted will be evaluated in accordance with the following criteria:

- A. **Commitment to the Expansion of Tourism in Flagler County** - Completed applications must contain evidence that the event:
  - i. Serves to attract out- of- county visitors generating hotel/motel/resort/RV/campground rentals;
  - ii. Will be marketed to the fullest extent possible in an effective and efficient manner;
  - iii. Demonstrates a willingness on behalf of the applicant to work with the tourism industry.

- B. **Soundness of Proposed Project/Event** – Completed applications must include the extent to which the project:
- i. Has clearly identified objectives;
  - ii. Has a realistic timetable for implementation;
  - iii. Has additional funding sources available that will be utilized; and
  - iv. Will accomplish its slated objective.
- C. **Stability and Management Capacity** – The completed application must include:
- v. A proven record or demonstrated capabilities of the organization to develop resources, effectively plan, organize and implement the proposed event;
  - vi. Documentation that the organization has a successful history of service in and to Flagler County;
  - vii. Confirmation of organization representatives and proof that the organization approved the application for special event grant funds.
  - viii. Evidence of the ability of the organization to administer public grants and to prepare and deliver the necessary reports to the Tourist Development Council.
- D. **Quality and Uniqueness of the Proposed Project/Event** – The completed special event application form must include documentation of the extent to which the event provides a program for Flagler County visitors and its residents which is of significant merit and that, without such assistance, would not take place in the County.

The Flagler County Tourist Development Council **will not** fund past events or expenditures. Funding is available for forthcoming events only.

## Application Process and Instructions

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The Flagler County Tourist Development Council meets the third Wednesday of each month in the Board Chambers at Government Services Building, located at 1769 E. Moody Blvd., Building 2, Bunnell, promptly at 9:00 am.

Each organization must designate one individual who will be the primary contact and responsible for maintenance of the grant, correspondence, funding processes and reports. The individual shall ensure that all fundamentals of the grant are followed and that reports are submitted in a timely manner.

- Applications are to be reviewed quarterly at the regularly scheduled TDC meetings in January, April, July and October.
- Requests may be considered up to twelve (12) months in advance of the event.
- Funds will be awarded on a first come, first served basis.
- All applications are considered by the TDC in posted meetings open to the public. Each applicant shall provide a brief presentation (less than five (5) minutes using a format prescribed by the Tourist Development Council that details the event and be prepared to answer any questions about the report/event by the Tourist Development Council.
- Each event/program must have a separate grant application.
- The application must be typed. Accuracy is important. The application must be completely filled out. Not Applicable or N/A should be marked for any question deemed inapplicable to the application.
- The application must be signed by an authorized agent of the organization. Applications without signature will be returned.
- The submittal must include one (1) original and eleven (11) copies of the application and backup.
- The application must be submitted by the posted application deadline for the upcoming meeting. Fax or e- mailed applications are not acceptable. Applications will be date stamped and added to the agenda in the order that they are received.
- The Flagler County Commission and the Flagler County Tourist Development Council must be named as additional insured's on the applicant's general commercial liability policy or special event insurance policy with a further certification that the insurance premium has been fully paid. The limits of liability shall be no less than \$1 million for general liability, \$1 million commercial general liability, each occurrence, and \$1 million personal injury, including death. The policy must be occurrence based.

## **Award Process and Funding Disbursement**

Each year, the Flagler County Board of County Commissioners shall appropriate a maximum of 80% of allocated funds (FY2009/2010 = \$48,000) for the provision of special event grants subject to the following additional limitations:

### **Maximum Award**

The maximum award an organization can seek is directly related to the overnight stays the event will generate, although the actual award amount will be evaluated on multiple criteria, subject to the following limits:

	<b>Number of Room Nights Generated</b>	<b>Maximum Annual Award Amount</b>
i.	200 or more	\$10,000
ii.	100 to 199	\$7,500
iii.	50 to 99	\$5,000
iv.	10 to 49	\$2,500

Funding is approved following ratification of the Tourist Development Council's recommended grant which must be approved by the Board of County Commissioners. An award letter will be issued following ratification of the Board of County Commissioners. Monies will not be available until all post reporting requirements are met.

### **Reporting Guidelines and Disbursement Requirements**

Grant Recipients **must** complete the written final special event report, which will include documentation of the actual room nights generated with a comparison to the estimated room nights generated used as a basis for the original grant award. Grant Recipients **must** provide the written and oral reports no more than 60 days after the event.

Grant Recipients **must** distribute Economic Impact Surveys (Visitors Questionnaire) provided by the Tourist Development Council to event participants and submit a completed Survey Summary Report as part of the final reporting of the event.

Grant Recipients **must** establish a coding system with lodging partners to track verifiable overnight stays. **A final report from lodging partners will be required** showing the number of overnight stays gained from each event and submitted as part of the final special event grant report.

**Reimbursement of "Overnight Stay" Special Event Grants will not be made until all reporting requirements are met, including verification of room nights generated. Should the verifiable room nights be in a range less than the grant awarded, the grant will be reduced to the appropriate grant range.**

Failure to submit reports correctly will delay payment. A request for an extension of this deadline will require specific additional action on the part of the Tourist Development Council.



## Flagler County Tourist Development Council

Government Services Building  
1769 E. Moody Boulevard, Suite 311  
Bunnell, Florida 32110

### Fund 110 Promotional Activities - Request for Overnight Stay Special Event Funding

#### Organization Information

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Organization Name \_\_\_\_\_

Contact Person \_\_\_\_\_

Email Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Registered as a non-profit corporation?      Yes      No      (Attach proof)

#### Maximum Award

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The maximum award an organization can seek is directly related to the overnight stays the event will generate, although the actual award amount will be evaluated on multiple criteria, subject to the following limits:

200 or more room nights = Maximum Annual Award Amount: \$10,000

100 to 199 room nights = Maximum Annual Award Amount: \$7,500

50 to 99 room nights = Maximum Annual Award Amount: \$5,000

10 to 49 room nights = Maximum Annual Award Amount: \$2,500

**Reimbursement of Overnight Stay Special Event Grants will not be made until all reporting requirements are met, including verification of room nights generated. Should the verifiable room nights be in a range less than the grant awarded, the grant will be reduced to the appropriate grant range.**

#### Event Description

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

Event Dates \_\_\_\_\_

Amount Requested \$ \_\_\_\_\_

What is the total budget amount for the Event? \$ \_\_\_\_\_

**\* Event budget must be submitted together with this application.**

**One hundred percent (100%) of the funds awarded to overnight stay special event grant recipients shall be used for advertising and promotion to target audiences outside of Flagler County.**

The Flagler County Tourist Development Council logo and the Visit Flagler Web Address ([www.visitflagler.org](http://www.visitflagler.org)) must appear prominently in all advertising and publicity (both written or electronic) for the special event. In addition, for "Overnight Stay" Special Event Grants in amounts greater than \$5,000, all advertising must include the current tourism tag line "Come and Relax on the Quiet Side of Florida. . .Call 800-670-2450 or Visit [www.visitflagler.org](http://www.visitflagler.org) for your free vacation guide and calendar of events".



Intended use of "out of county" direct advertising funds. \_\_\_\_\_

Please provide detailed information on your event. \_\_\_\_\_

Who is your target audience? \_\_\_\_\_

How will Flagler County benefit from your event? \_\_\_\_\_

How many verifiable hotel stays do you project this event will bring to Flagler County? \_\_\_\_\_

Have blocks of rooms been reserved at a lodging facility? Yes No

If yes, list locations with the number of rooms blocked at each location, i.e. Hilton Hotel (36 rooms):

Are local attractions being included in the itinerary for this event, such as:

\_\_\_\_\_ Attend a local play, concert, or dance performance

\_\_\_\_\_ Visit a local museum

\_\_\_\_\_ Visit a local nature based activity (i.e. Scenic A1A, Washington Oaks)

\_\_\_\_\_ Visit local historical settings (i.e. Princess Place, Holden House, Mala Compra Plantation)

\_\_\_\_\_ Other (please list) \_\_\_\_\_

TDC Collateral will be distributed to the organization by a tourism representative of the Flagler County Chamber of Commerce for distribution at the event.

**Funding**

Required Match "Overnight Stay" Special Event Grant Funds awarded pursuant to this section shall represent no more than 50% of the total cost of the event, as documents in the final event report.

What are the other sources of funding that your organization can provide to match the funds requested by the Tourist Development Council? \_\_\_\_\_

How much gross income is intended to be collected from this event? \_\_\_\_\_

List past TDC funding:

Year	Event	Requested Amt	Award Amt	Spent Amt

Provide all additional contributors, sponsors, and sources of funding for this event. (If not applicable, please explain.) \_\_\_\_\_

**Event History**

How many years has this event taken place? \_\_\_\_\_

Please provide the following information regarding the event for the past three (3) years prior:

Date/s	Location	Total Attendance	Out of town Guests	Verifiable Room Nights	Total Expenditures

**Commitment to the Expansion of Tourism in Flagler County**

How does the event serve to attract out of county visitors generating hotel/motel/resort/RV/campground rentals?

How will the event be marketed to the fullest extent possible in an effective and efficient manner?

**\*Please provide a line item marketing campaign.**

How will you demonstrate a willingness to work with the tourism industry? \_\_\_\_\_

Please provide evidence as to how the event will be self-funded in subsequent years. \_\_\_\_\_

**Soundness of Proposed Event**

Clearly identify the event's objectives. \_\_\_\_\_

What is the timetable for implementation of the event? \_\_\_\_\_

How do you intend to accomplish your slated objectives? \_\_\_\_\_

**Stability and Management Capacity -** The Completed application must include:

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- A proven record or demonstrated capabilities of the organization to develop resources, effectively plan, organize and implement the proposed event.
- Documentation that the organization has a successful history of service in and to Flagler County.
- Confirmation of organization representatives and proof that the organization approved the application for special event grant funds.
- Evidence of the ability of the organization to administer public grants and to prepare and deliver the necessary reports to the Tourist Development Council.

**Quality and Uniqueness of the Proposed Event:**

The completed special event application form must include documentation of the extent to which the event provides a program for Flagler County visitors and its residents which is of significant merit and that, without such assistance, would not take place in the County.

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I, the Applicant or Authorized Agent of the organization requesting TDC funds have reviewed this Application for funds from the Flagler County Tourist Development Council and concur with the information submitted herein. To the best of my knowledge and belief, the information contained in this Application and its attachments is accurate and complete. If funds are awarded, I agree to follow all guidelines as provided in the Flagler County Tourist Grant Guidelines.

\_\_\_\_\_  
**Authorized Agent Signature**

\_\_\_\_\_  
**Date**

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

Title: \_\_\_\_\_

I, the Applicant or Authorized Agent of the organization requesting TDC funds, acknowledge that I have reviewed and understand the advertising requirements for overnight stay special event grants. Additionally, I understand that failure to comply with these advertising requirements will result in relinquishment of the special event grant funding.

\_\_\_\_\_  
**Authorized Agent Signature**

\_\_\_\_\_  
**Date**

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

Title: \_\_\_\_\_

I also understand that grant funds will only be awarded after completion of a Final Status Report and verification of room nights. Should the verifiable room nights be in a range less than the grant awarded, the grant will be reduced to the appropriate grant range.

\_\_\_\_\_  
**Authorized Agent Signature**

\_\_\_\_\_  
**Date**

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

Title: \_\_\_\_\_

## **Economic Impact Survey (Visitor Questionnaire) and Final Evaluation Report**

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**Economic Impact Survey (Visitor Questionnaire)** - Applicants will be required to distribute and collect Economic Impact Surveys (Visitor Questionnaire - Page 13) as provided by the Tourist Development Council. These surveys will aid in the tracking of participants' accommodations and spending patterns in Flagler County while attending the event. This survey will also provide your organization with the information needed to complete the Final Evaluation Report.

**Final Evaluation Report** - Each organization receiving a grant from the Flagler County Tourist Development Council will be required to submit a Final Evaluation Report for the event. The Final Evaluation Report will provide the Tourist Development Council with thorough information regarding the conclusion of your event. The Final Evaluation Report must be submitted within sixty (60) days of the event.



## Flagler County Tourist Development Council

1769 East Moody Blvd

Bunnell, FL 32110

(386) 313-4013

### Economic Impact Survey (Visitor Questionnaire)

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1. What is your zip code? \_\_\_\_\_

2. What was the PRIMARY reason for making this trip to Flagler County?

1=Special Event   2=Vacation/ Leisure   3=Visit Friends/Relatives   4=Business/ Convention   5=Other

3. How did you travel to Flagler County?

1=Car/ Van   2=Plane   3=Bus   4=Other

4. How many nights do you plan to stay in Flagler County?

\_\_\_\_\_ # Nights   \_\_\_\_\_ Day Trip Only

5. Where are you staying while in Flagler County?

1=Hotel/Motel

4=Bed and Breakfast

Name of Accommodation

2=Vacation Rental/ Condo

5=Campground

\_\_\_\_\_

3=Friends/ Relatives

6=Other

6. In addition to this event, what activities did you or will you participate in while in the Flagler County Area? (circle all that apply)

1=Shopping

2=Evening Activities

3=Outdoor Recreation

4=Beach

5=Attractions

6=Dining Out

7=Arts & Culture

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### OPTIONAL INFORMATION

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

ZIP \_\_\_\_\_

**Flagler County Tourist Development Council**  
 1769 East Moody Blvd, Bunnell, FL 32110  
 386-313-4013

**Final Survey Report**

Question 1	Q2	Q3	Q4 - A	Q4 - B	Q5	Q6
Zip Code = total #						
1 = Total #	1 = Total #	Total # of Nights	Total # of Day Trips	1 = Total #	1 = Total #	1 = Total #
2 = Total #	2 = Total #			2 = Total #	2 = Total #	2 = Total #
3 = Total #	3 = Total #			3 = Total #	3 = Total #	3 = Total #
4 = Total #	4 = Total #			4 = Total #	4 = Total #	4 = Total #
5 = Total #	5 = Total #			5 = Total #	5 = Total #	5 = Total #
				6 = Total #	6 = Total #	6 = Total #
				7 = Total #	7 = Total #	7 = Total #

**KEY**

Question 1:	Zip Codes (ex. 32137= 32) If additional Zip Code space is required, please include attachment
Question 2:	1= Special Events    2=Vacation/ Leisure    3=Visit Friends/ Relatives    4=Business/ Convention    5= Other
Question 3:	1= Car/ Van    2= Plane    3= Bus    4= Other
Question 4:	Q4-A = # of Nights    Q4-B = # of Day Trips
Question 5:	1= Hotel/Motel    2=Vacation Rental/ Condo    3= Friends/ Relatives    4= Bed & Breakfast    5= Campground    6= Other
Question 6:	1= Shopping    2= Evenig Activities    3= Outdoor Recreation    4= Beach    5= Attractions    6= Dining Out 7= Arts & Culture



# Flagler County Tourist Development Council

1769 E. Moody Boulevard, Suite 311  
Bunnell, Florida 32110  
(386) 313- 4013 (386) 313- 4113 Fax

## Final Status Report

Organization Name \_\_\_\_\_

Report Date \_\_\_\_\_

Event/Project Name \_\_\_\_\_

Contact Person \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

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### On an attached sheet, answer the following questions related to the event.

1. Is this a first time event? If not, how many times has this event taken place?
2. What hotels committed to special rates or packages for the event date?
3. What is the number of hotel rooms generated by this event?
4. What was the total attendance for the event?
5. What attractions or activities did guests participate in other than your event?
6. What problems occurred, if any, during the event?
7. List all advertising, marketing and/or public relations associated with the event.
8. How can the event be improved or expanded?
9. What is the total expense of the event?
10. List all the vendors that have been paid, if not, what invoices are still outstanding and why?
11. How many people were surveyed?
12. Please provide copies of all advertising.

# Flagler County Tourist Development Council

1769 E. Moody Boulevard, Suite 311  
 Bunnell, Florida 32110  
 (386) 313- 4013



## Reimbursement Request Form

Organization Name \_\_\_\_\_

Event/Project Name \_\_\_\_\_

Contact Person \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

**Reimbursement request must be for qualified items related to the approved grant event. Each expense must include: Paid invoice, cancelled check, tear sheet, printed sample or other backup information to substantiate payment. Failure to submit request correctly will delay payment. *Reimbursement must be submitted within 60 days following event.***

Expense Description	Vendor	Invoice Amount	Reimbursement Amount
<b>Total to be reimbursed to Organization</b>			<b>\$</b>

I agree that the above information is accurate based upon our records. The funds requested are for reimbursement from the awarded grant by the Tourist Development Council and are actual expenses related to the event.

\_\_\_\_\_  
*Authorized Agent Signature*

\_\_\_\_\_  
*Date*