



SPECIAL EVENT GRANT FUNDING

Post Event Report Checklist

Post Event Report Checklist

- | | | |
|--------------------------|---------------------------------------|---------------|
| <input type="checkbox"/> | Grant Reimbursement Affidavit | Attachment: A |
| <input type="checkbox"/> | Post Event Report | Attachment: B |
| <input type="checkbox"/> | Event Survey Results Analysis | |
| <input type="checkbox"/> | Room Night Certification | Attachment: C |
| <input type="checkbox"/> | Reimbursable Expenditures | Attachment: D |
| <input type="checkbox"/> | Paid Invoices | |
| <input type="checkbox"/> | Voided Checks/ Credit Card Statements | |
| <input type="checkbox"/> | Proof of Marketing | |

Clay County Tourism & Film Development Department
P.O. Box 1336 - 477 Houston Street, 2nd Floor
Green Cove Springs, FL. 32043

Phone: 904-278-3734 | Kimberly.morgan@claycountygov.com | www.ExploreClay.com | @ClayCty Tourism

Tourist Development Council Event Marketing Grant Reimbursement Affidavit

(To be submitted within 60 days after the event.)



I, _____, authorized representative of _____ verify that the attached Reimbursable Expenditures form with proper required back up materials are due and payable in accordance with the grant approved for

\$ _____ by the Board of County Commissioners of Clay County on _____.

Signed: _____ Print Name: _____

STATE OF FLORIDA COUNTY OF _____

Sworn to (or affirmed) and subscribed before me by means of (___) physical presence or (___) online notarization, this ____ day of _____, 20____, by _____.

Notary Public

Printed Name: _____

My Commission Expires: _____

___ Personally Known OR ___ Produced Identification/ Type of Identification Produced _____

The Tourism Division approves the reimbursement of no more than the following amount based on attachments.

Amount

Initials

Date

Approved for payment based on attachments:

Howard Wanamaker, County Manager

Date

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Event Name: _____

Event Date: _____

1. Economic Impact

Provide the following information regarding the number of rooms accommodated and the individuals participating in and attending the event receiving TDC grant funding.

_____ Out of County Visitors X _____ number of days X \$115.00 average rate = \$ _____

Total = \$ _____ Direct Economic Impact

Accommodations Impact:

Provide the total number of room nights that resulted from the Event: _____

Calculate the total accommodations impact using the number of room nights (RV, Hotel, Bed-n-Breakfast, Vacation Homes, etc.) that resulted from the Event using the following formula.

_____ (total number of hotel rooms) X \$115.00 average rate = \$ _____ **Total Accommodations Impact**

_____ (total accommodation impact) X 5% = \$ _____ **Tourist Development Taxes Collected (TDT)**

2. Promotional Impact

Executed Marketing Plan (Paid Advertising)

Please attach a detailed breakdown and timeline of the Special Event Marketing Plan that was used to promote your event, including the following: ad sizes, placement, publish date, location, voice scrips, etc.

Promotional Value

Provide information regarding the success of the event promotions in terms of relevant measurements. For example, the number of tournament guides printed, social media reach and impressions, visits to the event website, press/media coverage in newspaper, no-air, social media, or magazines, etc.

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Event Name: _____

Event Date: _____

3. Reimbursable Expenditures

In order to be eligible for reimbursement, all executed marketing efforts must have targeted areas outside of Clay County and include the required wording, *“For visitor information, visit ExploreClay.com.”*

Please complete the Reimbursable Expenditures document (*included in Post Event Report*) to compile all authorized expenses for which you are seeking reimbursement.

In addition to the Reimbursable Expenditures, please provide the following proof for each expense sought to be reimbursed:

- a. Invoice supporting reimbursable expenditures.
- b. Evidence of payment (*front and back copies of cleared checks or bank statements for organization debit/credit card*) from grantee to third party for charges paid.
- c. Please provide the following proof based on the type of advertisement or promotional material:

-Print Advertising:

1. A scanned copy of the printed Ad, *include name of publication/date/required wording*
2. Logistical document stating where the ad was placed outside of Clay County

-Digital Media Advertising:

1. Screenshot of the ad, *include required wording/ date/ location of ad*
2. Logistical document stating where the ad was placed outside of Clay County

-Broadcast Advertising:

1. Copy of audio/visual file, *include required wording*
2. Copy of script used for advertisement
3. Logistical document stating where the ad was placed outside of Clay County

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Event Name: _____

Event Date: _____

Important Disclosure:

Once the Post Event Report is complete and all required information and attachments are collected, please turn in the final report to the Department of Tourism and Film Development. Incomplete Post Event Reports will not be accepted. Failure to comply with these requirements will render your organization ineligible for reimbursement under the Grant Guidelines.

Signature/Disclaimer

On behalf of _____ (Organization), I certify that I have completed the Post Event Report and attest that all information provided herein and attached hereto is true and accurate:

Authorized Signature

Print Name

Title

Date

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SPECIAL EVENT GRANT FUNDING

Room Night Certification

Event Name: _____

Event Date: _____

Room Night Certification

TO: Accommodation General Manager and/or Director of Sales

The purpose of this form is to quantify the actual number of room nights utilized in Clay County for this event. Your internal correspondence or documentation on the Room Night Certification is critical for the event's receipt of grant funds.

Hotel/Location: _____

Tracked Room Nights	
Group Name:	
Event Name:	
Event Dates:	
Paid Room Nights	
Comp. Room Nights	

Comments: _____

Signature: _____
I certify the organization/event listed above utilized the reported room nights.

Print Name: _____ Title: _____

Email: _____ Phone Number: _____

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Reimbursable Expenditures

Group Name:	
Event Name:	
Event Date:	

Item #	Date	Invoice Number	Vendor Name	Advertisement Type	Invoice Total	Reimbursable Amount	Method of Payment	Check Number
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								
11.								
12.								
13.								
14.								
15.								
16.								
Total Amount for Reimbursable Expenses						\$0.00		