

## Post Event Report Checklist

### Post Event Report Checklist

	Attachment: A	
	Post Event Report	Attachment: B
	Event Survey Results Analysis	
	Room Night Certification	Attachment: C
	Reimbursable Expenditures	Attachment: D
	Paid Invoices	
	Voided Checks/ Credit Card Statemen	ts
	Proof of Marketing	

# **Tourist Development Council Event Marketing Grant Reimbursement Affidavit**

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

I,,	authorized representative of	COUNTY
verify that the attache	ed Reimbursable Expenditures	TOWNS, BIG
form with proper required back up materials are with the grant approved for	due and payable in accordance	TOWNS, DIG
\$by the Board of County Commission	ers of Clay County on	
Signed:	PrintName:	
STATE OF FLORIDA COUNTY OFClay		
Sworn to (or affirmed) and subscribed before me	e by means of () physical presence or ()	) online
notarization, this day of	, 20, by	·
	Notary Public	
	Printed Name:	
	My Commission Expires:	
Personally Known OR Produced Identif	ication/ Type of Identification Produced	
The Tourism Division approves the reimburseme attachments.	nt of no more than the following amount based	i on
Amount	Initials Date	
Approved for payment based on attachments:		
Howard Wanamaker, County Manager	 Date	



**Total Economic Impact:** 

### SPORTS EVENT GRANT FUNDING

## Post Event Report

CLAY COUNTY COUN	Event Name:		
C		er of rooms accommodated and the indigerant funding.	viduals
<b>Accommodations</b>	Impact:		
Provide the total numb	er of room nights that resulted f	from the event:	
	mmodations impact using the rhat resulted from the event using	number of room nights (RV, Hotel, Bed-nage the following formula.	ı-Breakfast,
		erage cost) = \$ Total Acc  Tourist Development Ta	-
<b>Local Economic Im</b>	pact:		
	ng categories calculate the local of and media persons with the do	economic impact in dollars using the nur llar amounts provided.	nber of
Total Participants (officials, etc.):	competitors,coaches, trainers,	Total Spectators (fans, family, friends	nds, etc.)
Adult Out-of-State Ove	ernight: \$	Adult Out-of-State Overnight:	<u>\$</u>
Youth Out-of-State Ove	ernight: \$	Youth Out-of-State Overnight:	<b>¢</b>
Adult In-State Overnig	ht:	Adult In-State Overnight:	\$
Youth In-State Overnig		Youth In-State Overnight:	\$
Adult In-State:		Adult In-State:	\$
Youth In-State:		Youth In-State:	<u>\$</u>
Adult In-County:	<u>\$</u>	Adult In-County:	<u>\$</u>
Youth In-County:	<u> </u>	Youth In-County:	<u>\$</u>

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

**Total Economic Impact** (Total Accommodations Impact + Total Local Economic Impact):

\$



## **Post Event Report**

Event Name:	
Event Date:	

#### 2. Promotional Impact

#### **Executed Marketing Plan** (Paid Advertising)

Please attach a detailed breakdown and timeline of the Sports 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.

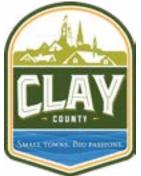
#### 3. Reimbursable Expenditures

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



Event Name:

## Post Event Report

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 Report 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

#### **Post Event Comments**

Thank you, in advance, for taking the time to answer the five questions below. The Tourism
Office is always looking for ways to make improvements and strives to ensure that your
experience working with us is a pleasant one.

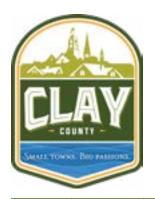
1	S and a series of
1.	What worked well for your event in ClayCounty?
2.	What didn't workwell?
3.	What could the Tourism Division do to make your event more successful?
4.	What marketing and advertising methods provided the most attention to your event or was the most effective?
5.	What new marketing and advertising methods are you considering for the future?



## **Room Night Certification**

SMALL TOWER BOO					
	Event Bute.				
Room	Night Certification	on			
TO: Accomn	nodation General Manager and/or D	rirector of Sales			
	l correspondence or documentation	number of room nights utilized in Clay County for this event. on the Room Night Certification is critical for the event's			
Hotel/Locati	on:				
	Tracked	d 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