



## SPORTS 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](mailto:Kimberly.morgan@claycountygov.com) | [www.ExploreClay.com](http://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 Clay

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
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Approved for payment based on attachments:

\_\_\_\_\_  
Howard Wanamaker, County Manager Date

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## Post Event Report

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.

#### 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 cost) = \$ \_\_\_\_\_ **Total Accommodations Impact**

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

#### Local Economic Impact:

For each of the following categories calculate the local economic impact in dollars using the number of participants, spectators and media persons with the dollar amounts provided.

**Total Participants** (competitors, coaches, trainers, officials, etc.):

**Total Spectators** (fans, family, friends, etc.)

Adult Out-of-State Overnight: \_\_\_\_\_ \$ \_\_\_\_\_  
 Youth Out-of-State Overnight: \_\_\_\_\_ \$ \_\_\_\_\_  
 Adult In-State Overnight: \_\_\_\_\_ \$ \_\_\_\_\_  
 Youth In-State Overnight: \_\_\_\_\_ \$ \_\_\_\_\_  
 Adult In-State: \_\_\_\_\_ \$ \_\_\_\_\_  
 Youth In-State: \_\_\_\_\_ \$ \_\_\_\_\_  
 Adult In-County: \_\_\_\_\_ \$ \_\_\_\_\_  
 Youth In-County: \_\_\_\_\_ \$ \_\_\_\_\_

Adult Out-of-State Overnight: \_\_\_\_\_ \$ \_\_\_\_\_  
 Youth Out-of-State Overnight: \_\_\_\_\_ \$ \_\_\_\_\_  
 Adult In-State Overnight: \_\_\_\_\_ \$ \_\_\_\_\_  
 Youth In-State Overnight: \_\_\_\_\_ \$ \_\_\_\_\_  
 Adult In-State: \_\_\_\_\_ \$ \_\_\_\_\_  
 Youth In-State: \_\_\_\_\_ \$ \_\_\_\_\_  
 Adult In-County: \_\_\_\_\_ \$ \_\_\_\_\_  
 Youth In-County: \_\_\_\_\_ \$ \_\_\_\_\_

**Total Economic Impact:**

**Total Economic Impact** (Total Accommodations Impact + Total Local Economic Impact) : = \$ \_\_\_\_\_

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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

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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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## **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. What worked well for your event in ClayCounty?***
- 2. What didn't work well?***
- 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?***



## SPORTS 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								