



## Special Event Marketing Grant Application Packet

### Section A: General Information

The Flagler County Tourism Development Council (TDC) is offering a **Special Event Marketing Grant (SEMG)** intended to provide funding assistance to organizations for the marketing of special events that promote Flagler County as a tourist destination. Funds available through this program must be used for expenditures associated with marketing and promoting an event to attendees outside of Flagler County, with the goal of increasing overall economic impact and/or overnight stays in Flagler County. To qualify for SEMG funding, the event must take place between October 1, 2022 and September 30, 2023.

SEMG applicants are required to view an informational video to learn more about the grant program, requirements, evaluation criteria, and the reimbursement process. The informational video has been recorded for viewing.

We are currently accepting the first round of applications. Deadline is June 10, 2022. This is on a first serve basis. This grant is open until all funds have been allocated.

Do not wait to apply.

#### ADDITIONAL APPLICATION DATES:

<b>Application Deadline</b>	<b>TDC Approval</b>	<b>BOCC Ratified</b>
06/01/2022	07/20/2022	08/15/2022
01/01/2023	01/18/2023	02/20/2023
04/01/2023	04/19/2023	05/15/2023
07/01/2023	07/19/2023	08/23/2023

**INSTRUCTIONS:**

Please read and complete this Application in its entirety. Type “n/a” if a question is not applicable to you.

**To be considered for SEMG funding, this Application and all supporting materials must be received by June 10, 2022 by mail or in person at the address below.**

**CHECKLIST FOR APPLICATION SUBMISSION:**

- Application
- Estimated Event Budget
- Marketing/Advertising Plan
- Logo Usage Requirement Form
- W-9 and Vendor Information Forms

**MAIL HARD COPY TO:**

Flagler County Tourism Development Office  
Special Event Marketing Grant – Application  
Attn: Christina Hutsell  
120 Airport Road, Suite 3  
Palm Coast, FL 32164

**QUESTIONS:**

Christina Hutsell  
[CHutsell@VisitFlagler.com](mailto:CHutsell@VisitFlagler.com)  
(386) 313-4230

Table of Contents

Section A: General Information.....1  
    TIMELINE.....1  
    ADDITIONAL APPLICATION DATES:.....1  
    INSTRUCTIONS: .....2  
    CHECKLIST FOR APPLICATION SUBMISSION: .....2  
    MAIL HARD COPY TO: .....2  
    QUESTIONS:.....2  
Section B: Application.....4  
    GENERAL INFORMATION.....4  
    EVENT INFORMATION.....4  
    COMMITMENT TO THE OVERALL ECONOMIC IMPACT OF TOURISM IN FLAGLER.....5  
    SOUNDNESS OF SPECIAL EVENT .....5  
    STABILITY AND MANAGEMENT CAPACITY .....6  
    EVENT MARKETING/ADVERTISING PLAN .....6  
Authorized Agent Acknowledgements .....7  
Event Budget Form.....8  
Marketing/Advertising Plan Form.....9  
Logo Usage Requirements .....10  
Vendor Information Form.....11  
Visitor Survey.....12

## **Section B: Application**

### **To Be Completed by TDO Staff**

Application Received: _____	TDO Staff Received: _____
TDC Approved: _____	BOCC Ratified: _____

### **GENERAL INFORMATION**

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

Street Address \_\_\_\_\_

City/State/ZIP \_\_\_\_\_

FEIN # \_\_\_\_\_

Website \_\_\_\_\_

Authorized Agent Name \_\_\_\_\_

Title \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Date Workshop Attended or \_\_\_\_\_

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

Event Address: \_\_\_\_\_

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

### **EVENT INFORMATION**

Please provide a detailed overall description of your event:  
(attach additional pages if necessary)

\_\_\_\_\_ Total Estimated Budget  
\_\_\_\_\_ Funding Grant Request (not to exceed 25% of total estimated budget)

**COMMITMENT TO THE OVERALL ECONOMIC IMPACT OF TOURISM IN FLAGLER**

Which Category best describes your event? (check one)

- High Impact Visitors: 400+ estimated room nights and/or 10,000 Day Visitors
- Medium Impact Visitors: 300+ estimated room nights and/or 5,000 Day Visitors
- Low Impact Visitors: 100+ room nights and/or 2,500 Day Visitors
- Yes or  No Is this a multi-day event?
- Yes or  No Does the event coincide with non-peak seasons? *Non-Peak season is considered to be the months of September through January.*

How will you track attendance? (attach additional pages if necessary)

How will you track room nights (if applicable)? (attach additional pages if necessary)

**SOUNDNESS OF SPECIAL EVENT**

Clearly identify the event objectives: (attach additional pages if necessary)

What are your other sources of funding for this event? (attach additional pages if necessary)

Please provide a detailed estimated budget (sample provided) for all revenue and expenses.

List any past TDC Funding:

	Year	Event	Requested Amount	Award Amount	Spent Amount
1					
2					
3					
4					
5					
6					

**STABILITY AND MANAGEMENT CAPACITY**

How many years has this event taken place? (check one)

- First Year
- Less than 5 years
- Over 5 years

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

	Date	Location	Total Attendance	Total Verifiable Room Nights	Total Expense
1					
2					
3					

What makes your event unique and of high quality that makes it different from other similar events in the region? (attach additional pages if necessary)

**EVENT MARKETING/ADVERTISING PLAN**

Who is your target audience? (attach additional pages if necessary)

How do you plan to promote and advertise your event to attract out of County visitors? (attach additional pages if necessary)

Please provide a detailed estimated marketing/advertising plan (sample provided):  
 (if known, provide any specs, impressions, audience reach for each media buy)  
 (attach additional pages if necessary)

## Authorized Agent Acknowledgements

**Applicant is required to meet the original commitment to the overall economic impact of Flagler County (verified room nights or participant survey's) as stated at the time of application. Failure to meet reporting requirements will disqualify applicant for reimbursement.**

I, the Applicant or Authorized Agent of the organization requesting TDC funds have reviewed the Special Event Marketing Guidelines Grant and completed this Application requesting funds for my special event. 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 Special Event Marketing Grant guidelines.

I, the applicant or Authorized Agent of the organization requesting TDC funds, acknowledge that I have reviewed and understand the logo usage requirements for the Special Event Marketing Grant.

I, the applicant or Authorized Agent of the organization requesting TDC funds, acknowledge The Flagler County Board of County Commissioners (FCBOCC) and the Tourism Development Council (TDC) must be named as additional insureds on the applicant's general commercial liability policy Certificate of Insurance for the event 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. **Certificate(s) of insurance must be submitted to the Tourism Development Office no later than thirty (30) days prior to the event.**

I also understand that grant funds will only be awarded after completion of a Final Status Report including a Hotel Room Night report OR Event Attendee Surveys completed by a minimum of 20% of the estimated event attendees that was approved upon.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

## Event Budget Form

Event Name: \_\_\_\_\_  
 Event Date: \_\_\_\_\_ Rain Date if any \_\_\_\_\_  
 Event Type: \_\_\_\_\_  
 Special Comments: \_\_\_\_\_

Use this form for estimated budget at time of application and completed with actual budget for submission with Final Status report

	<b>Estimated</b>	<b>Actual</b>	
<b>Expense</b>			
_____	_____	_____	Location fees, rental
_____	_____	_____	Ticket printing, wrist bands
_____	_____	_____	Flyer costs, mailing
_____	_____	_____	Advertising/Marketing (from worksheet)
_____	_____	_____	Insurance costs
_____	_____	_____	Liquor permit, fee
_____	_____	_____	Security, outside services
_____	_____	_____	Paid gate and operations personnel
_____	_____	_____	Food
_____	_____	_____	Refreshments and/or guarantee
_____	_____	_____	Door prizes
_____	_____	_____	Event prizes
_____	_____	_____	Speakers/Entertainment
_____	_____	_____	Clean-up
_____	_____	_____	Supplies (miscellaneous)
_____	_____	_____	Portable restroom facilities
_____	_____	_____	Other _____
_____	_____	_____	Other _____
_____	_____	_____	Other _____
_____	_____	_____	Other _____
_____	_____	_____	<b>TOTAL EXPENSES</b>
 <b>Revenue</b>			
_____	_____	_____	Raffle (_____ Tickets @ _____)
_____	_____	_____	Sponsor fees
_____	_____	_____	Food Refreshment Sales
_____	_____	_____	Field Event, Bike Show Fees
_____	_____	_____	Chance Pulls
_____	_____	_____	Vendor Commissions (_____ % of _____)
_____	_____	_____	Products Commissions (_____ % of _____)
_____	_____	_____	SUBTOTAL
_____	_____	_____	Gate Receipts Required (_____ people @ _____)
_____	_____	_____	<b>TOTAL INCOME</b>
 <b>Totals</b>			
_____	_____	_____	<b>TOTAL INCOME</b>
_____	_____	_____	<b>TOTAL EXPENSES</b>



# Marketing/Advertising Plan Form

Event Name: \_\_\_\_\_  
 Event Date: \_\_\_\_\_ Rain Date if any \_\_\_\_\_  
 Event Type: \_\_\_\_\_  
 Special Comments: \_\_\_\_\_

Use this form for estimated budget at time of application and completed with actual budget for submission with Final Status report

Estimated	Actual	
<b>Print Ads</b>		
_____	_____	News Paper
_____	_____	Magazine
_____	_____	Brochure
_____	_____	Direct Mailer
_____	_____	Other Print Advertising _____
_____	_____	<b>Total Print Ads</b>

<b>Digital Ads</b>		
_____	_____	Google Display/Search Engine Marketing
_____	_____	Facebook
_____	_____	Instagram
_____	_____	Other Social Media _____
_____	_____	Purchased Email Lists
_____	_____	Other Digital Advertising _____
_____	_____	<b>Total Digital Ads</b>

<b>Billboards/Outdoor Advertising</b>		
_____	_____	Billboard
_____	_____	Poster
_____	_____	Other Outdoor/Advertising _____
_____	_____	<b>Total Billboards / Outdoor Advertising</b>

<b>Other Advertising Expenses</b>		
_____	_____	Radio
_____	_____	Creative Design
_____	_____	Other Advertising Expenses _____
_____	_____	<b>Total Advertising Expenses</b>

<b>Total Event Marketing Expenses</b>		
_____	_____	Total Print Ads
_____	_____	Total Digital Ads
_____	_____	Total Billboards / Outdoor Advertising
_____	_____	Total Advertising Expenses
_____	_____	<b>Total Event Marketing Expenses</b>

Special Event Marketing Grant

**Logo Usage Requirements**

The Flagler County Tourism Logo and the Web Address, URL (shown below) must appear prominently in all advertising and publicity (both written and/or electronic) in order to receive Special Event Marketing Grant funding. The logo can be downloaded at VisitFlagler.com.



I, \_\_\_\_\_, understand the requirements put forth by the TDC for use of the TDC logo on all advertising put out into the marketplace for the event I am requesting funds for. I also understand that this is a mandatory requirement to obtain the grant funds I am applying for, and failure to utilize the aforementioned logo and web address will result in the loss of requested TDC funds.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Palm Coast and the Flagler Beaches

\_\_\_\_\_  
Date



**FLAGLER COUNTY  
BOARD OF COUNTY COMMISSIONERS  
PURCHASING DEPARTMENT**

**VENDOR INFORMATION FORM**

Name of Business Entity or Individual:

\_\_\_\_\_

Doing Business As (DBA) Name; Registered Fictitious, Trade or Assumed:

\_\_\_\_\_

Tax ID Number: \_\_\_\_\_ FEIN SSN/ITIN OTHER

Website: \_\_\_\_\_

Company/Corporate Address:

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Payment Address (if different from above):

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Accept Credit Card? Yes \_\_\_\_\_ No \_\_\_\_\_

Check any special business classifications that apply to your business. Classifications are subject to approval.

\_\_\_\_\_ Local Vendor Preference

\_\_\_\_\_ Women/Minority Business Enterprise

Certificate of Insurance attached? Yes \_\_\_\_\_ No \_\_\_\_\_

W9 attached? Yes \_\_\_\_\_ No \_\_\_\_\_

(W9 form and instructions can be found here [www.irs.gov/pub/irs-pdf/fw9.pdf](http://www.irs.gov/pub/irs-pdf/fw9.pdf))

**PURCHASING USE ONLY**

Vendor No: \_\_\_\_\_

Input by: \_\_\_\_\_



# Flagler County Tourist Development Council Economic Impact Survey (Visitor Questionnaire)

EVENT NAME: \_\_\_\_\_

EVENT DATE: \_\_\_\_\_

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
- 2-Vacation Rental/ Condo
- 3-Friends/ Relatives
- 4-Bed and Breakfast
- 5-Campground

6 - Other: Name of Accommodation

\_\_\_\_\_

6. In addition to this event, what activities did you or will you participate in while in the Flagler County Area?

- 1 - Shopping
- 2 - Evening Activities
- 3 - Outdoor Recreation
- 4 - Beach
- 5 - Attractions
- 6 - Dining
- 7 - Arts & Culture

7. Is this your first time visiting the Flagler County area?

\_\_\_\_\_Yes \_\_\_\_\_No

8. How did you hear about Flagler County?

- 1 - Event Advertisement
- 2 - Friends/Family
- 3 - Other (TV, Radio, Magazine):

\_\_\_\_\_

9. Would you consider visiting the area again?

\_\_\_\_\_Yes \_\_\_\_\_No