



Special Event Marketing Grant Application Packet

Section A: General Information

The Flagler County Tourist Development Council (TDC) is offering a Special Event Marketing Grant (SEMG) to provide 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.

Applicants are required to view an informational video to learn more about the grant program, requirements, evaluation criteria, and the reimbursement process. The information video has been recorded and is posted on the www.visitflagler.com website.

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 mail, email 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
(386) 313-4230

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 Viewed _____
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

Estimated	Actual	
_____	_____	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 _____
_____	_____	TOTAL EXPENSES

Revenue		
_____	_____	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 @ _____)
_____	_____	TOTAL INCOME

Totals		
_____	_____	TOTAL INCOME
_____	_____	TOTAL EXPENSES

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	
Print Ads		
_____	_____	News Paper
_____	_____	Magazine
_____	_____	Brochure
_____	_____	Direct Mailer
_____	_____	Other Print Advertising _____
_____	_____	Total Print Ads

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

Billboards/Outdoor Advertising		
_____	_____	Billboard
_____	_____	Poster
_____	_____	Other Outdoor/Advertising _____
_____	_____	Total Billboards / Outdoor Advertising

Other Advertising Expenses		
_____	_____	Radio
_____	_____	Creative Design
_____	_____	Other Advertising Expenses _____
_____	_____	Total Advertising Expenses

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

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)

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

