



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, 2021 and September 30, 2022.

SEMG applicants are required to attend/view an informational workshop to learn more about the grant program, requirements, evaluation criteria, and the reimbursement process. The informational workshop will be recorded for viewing on demand if you are unable to attend on the original date.

TIMELINE

April 9, 2021	TDC Special Event Marketing Grant Guidelines and Application go live on www.VisitFlagler.com website
April 14, 2021	Mandatory Grant Workshop (option one- live via Zoom)
April 19, 2021	Recorded Mandatory Grant Workshop Available (option two)
June 4, 2021	Optional application review deadline
June 11, 2021	Deadline for Applications Submittal
June 14, 2021	TDO Review
June 16, 2021	TDO submit to TDC for review
July 7, 2021	TDC deadline to submit scores to TDO
July 21, 2021	TDC Meeting- vote on grant awards
August 16, 2021	BOCC Meeting- vote on grant awards
August 20, 2021	Grant Award notifications begin to be distributed

ADDITIONAL APPLICATION DATES:

Application Deadline

10/01/2021
01/01/2022
04/01/2022

TDC Approval

10/20/2021
01/19/2022
04/20/2022

BOCC Ratified

11/15/2021
02/21/2022
05/16/2022

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 11, 2021 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
(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

Estimated	Actual	
Expense		
_____	_____	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