

Special Event Marketing Grant Post-Event Packet

Congratulations on the successful completion of your event! Now that it's over, the Special Event Marketing Grant (SEMG) funding will be provided as reimbursement for qualifying expenditures, up to the full amount of the awarded grant.

Not more than 60 days after an event all Special Event Marketing Grant Recipients must meet with a representative of the Flagler County Tourist Development Office for a Post-Event Meeting. Applicants must bring the following to this meeting:

To Schedule your Post-Event meeting contact:

Christina Hutsell
CHutsell@VisitFlagler.com
(386) 313-4230

Meeting Documentation Checklist:

- Post-Event Report
- Reimbursement Request Form(s)
- All supporting proof of payment documentation (vendor receipt, invoices, front and back of any cancelled checks, credit card receipts, etc) **Personal credit cards or personal checks are not reimbursable.**
- Final Event Budget that compares the estimated expenses to actual expenses
- Copy/sample of all materials purchased that are eligible for reimbursement (print ads, tear sheets, radio copy, brochures, flyers, posters, banners, etc.)
- Verified Room Night Report(s) **or**
- Completed Visitor Surveys (20% of the Total Attendance) **and**
- Final Survey Summary Report (if applicable)

Visitor Survey Reporting Instructions

Visitor Surveys— Applicants will be required to distribute and collect Visitor Surveys. A copy of the required survey is provided by the Tourist Development Council in the application packet. These surveys will aid in the tracking of participants' accommodations and spending patterns in Flagler County while attending the event. As part of the Grant process, the completed surveys are required to be submitted at the Post-Event Meeting.

Final Survey Report— The Final Survey Report is the cumulative result of all gathered surveys and will be turned in to the Tourist Development Council with the Post-Event Report. This is a mandatory part of the Grant process.

Post-Event Report

Today's Date _____

Event Name: _____

Event Dates: _____

Organization Legal Name _____

Street Address _____

City/State/ZIP _____

Website _____

Authorized Agent Name _____

Title _____

Phone _____

Email _____

of Years Event has been Held _____

Total Expense of the Event _____

Final Event Attendance _____

Room Nights Generated* _____

**Based on verified Room Night Report OR Total Event Attendee Survey responses*

Please provide feedback on the event venue: (attach additional pages if necessary)

Please provide feedback on your event attendee's experience overall: (attach additional pages if necessary)

Did any issues or problems occur during your event? Yes or No
If so, what were they? (attach additional pages if necessary)

Will you host this event next year? Yes or No

If so, what will you do differently? (attach additional pages if necessary)

What other feedback would you like to share with the Tourism Development Office?
(attach additional pages if necessary)

Verified Room Night Report OR Visitor Surveys

One of the goals of the SEMG is to increase overnight visitor lodging in Flagler County. Lodging is defined as a hotel, campground, vacation rental, bed and breakfast, or any overnight accommodation where Flagler County Tourism Development Tax is collected.

To be reimbursed, your event must prove verified overnight visitor lodging or submit Visitor Surveys.

1. A verified room night report can be requested from all lodgers that hosted your event’s attendees. Using a room block is the best method to confirm the number of overnight visitors generated by your event. If you choose to use room night verifications, obtain reports from the lodgers and summarize it by completing the chart below.

Actual room nights must be verified by a tourism tax collecting accommodation.

Lodging (“Hotel”) Name	Room Nights Reported

2. If you chose the survey method, you are required to return the estimated number of surveys as submitted in your application. Please provide all completed surveys of your event’s total estimated attendees at the time of application, along with the Survey Summary Report.

REIMBURSEMENT REQUEST FORM

Date: _____

Organization: _____

Event Name: _____

Mailing Address: _____

Contact Person: _____ Phone: _____

Email Address: _____ Fax: _____

Reimbursement request must be for qualified items related to the approved grant event. Each expense must include a paid invoice, cancelled check and a tear sheet, printed sample, or other backup information to substantiate payment. Failure to submit request correctly will delay payment.

Vendor	Expense Description	Invoice Amount	Allowable Reimbursement Amount
Total Amount To Be Reimbursed			

The information above is true and correct based upon our records. The funds requested are for reimbursement from the awarded grant by the Tourist Development Council and are actual expenses related to the event.

Authorized Agent Signature

Date



Flagler County Tourist Development Council Final Survey Summary Report

EVENT NAME: _____ EVENT DATE: _____

Totals # Per Zip Code		Reason for Visit Totals		Mode of Travel Totals		Nights Stay and Day Trip Totals		Lodging Totals		Other Activities Totals		First Time Visits Totals		Here About Flagler Totals		Visit Again Totals	
		Question 1		Question 2		Question 3		Question 4		Question 5		Question 6		Question 7		Question 8	
Ex: 32110	30	#1		#1		Day		#1		#1		Yes		#1		Y	
		#2		#2		Night		#2		#2		No		#2		N	
		#3		#3				#3		#3				#3			
		#4		#4				#4		#4							
		#5		#5				#5		#5							
								#6		#6							
										#7							

Key:

Question 1: List each zip code and total (ex. 32137 = 32). If additional zip code space is required please include attachment.

Question 2: List totals for each reason for visiting. 1=Special Events, 2=Vacation/Leisure, 3=Visit Friends/Relatives, 4=Business and 5=Other

Question 3: List totals for each mode of travel. 1=Car/Van, 2=Plane, 3=Bus, and 4=Other

Question 4: List the total number of nights stayed and the total number of day trips.

Question 5: List totals per each lodging type. 1=Hotel/Motel, 2=Vacation Rental/Condo, 3=Friends/Relatives, 4=Bed and Breakfast, 5=Campground and 6=Other

Question 6: List totals for other activities. 1=Shopping, 2=Evening Activity, 3=Outdoor Recreation, 4=Beach 5=Attractions, 6=Dining Out and 7=Arts & Culture

Question 7: List the total number of first time visits

Question 8: List totals for how guest heard about Flagler. 1=Event Ad, 2=Friend/Relative, 3=Other

Question 9: List the total number of guests that would or would not visit again.