PANAMA CITY BEACH/SPORTS MARKETING
CONVENTION & VISITORS BUREAU, INC
(CVB/SM)

SPORTS EVENT ASSISTANCE PROGRAM

The Panama City Beach Convention & Visitor’s Bureau/Sports Marketing Event Assistance Program is designed to assist Event Rights Holders, National Governing Bodies, and/or Event Promoters that generate significant out-of-state/area economic impact for Panama City Beach (Bay County). The applicant must demonstrate that “but for” the assistance award, the event will not be successful.

A pre-event event budget must accompany the application showing the need for assistance. A post-event final profit/loss statement, complete with copies of receipts and cancelled checks, must accompany the post-event report before any assistance allocations are given.

Events that will be considered for assistance include amateur or professional events, or other categories approved by the CVB/SM. When awarding assistance, the CVB/SM places emphasis on out-of-state/area economic impact, community support and image value to Panama City Beach (Bay County). Mature events currently based in Panama City Beach (Bay County) are not eligible for the assistance program unless proof can be provided that it was secured through bid. A preliminary decision on the request will be made within 15 days of receiving full application paperwork.

TO ENSURE THE SUCCESS OF YOUR APPLICATION PLEASE UNDERSTAND THE FOLLOWING:

Applications must use the form provided. Applicant must submit three (3) copies of the application. Any additional documentation or presentation materials should not be affixed to the applications, and only one (1) copy of these additional materials should be included. Each application should be stapled. Please do not bind applications in any way.

Assistance applications will be reviewed bi-monthly, and application deadlines are as follows:

- January 10-Events must be held after April
- March 10-Events must be held after June
- May 10-Events must be held after August
- July 10-Events must be held after October
- September 10-Events must be held after December
- November 10-Events must be held after February
The Panama City Beach Convention & Visitor’s Bureau/Sports Marketing budget process runs October 1 through September 30. Deadlines are set to accommodate assistance during a budget year cycle. Some requests/approvals may be subject to approval of budget if the event falls outside the current operating budget fiscal year.

Request for date deviation may be considered by CVB/SM.

PROCEDURE

I. Application Required: The application must be received, with all appropriate materials by the date guidelines set forth by policy.

II. Sports Marketing Approval/Recommendation: Sports Marketing may approve such request within guidelines established through fiscal year budgeting. CVB/SM may send request to the Florida Sports Foundation (FSF) if request meets grant criteria as established by the FSF, the State sports granting agency. The FSF grant, if awarded, would supersede all previous requests.

III. Request Outside Budgeting Guidelines: May be sent to the CEO/President of the CVB or the Board of Directors of the Bureau (TDC) with staff recommendation in favor of the application, against the application, or in favor of the application with conditions.

IV. Funding Procedures: All approved funding, as outlined by the application agreement must be submitted for payment within 30 days after the event unless otherwise approved by the CVB/SM. The CVB/SM must have satisfactory proof, as outlined in the application, that all facets of the agreement have been executed. CVB/SM reserves the right to refuse or modify payment if the agreement has not been fully executed.

Procedure III is usually reserved for assistance request above and beyond industry request standards (Over $10,000).

Note: The CVB/SM represents all bed-tax paying properties. As such, all properties must have the opportunity to be involved with the event. If the application is working independently with a property, it should be noted on the application.
EVENT ASSISTANCE PROGRAM APPLICATION

I. Application Information:

1. Organization Name:__________________________________________
2. Organization Contact:________________________________________
3. Title:_______________________________________________________
4. Email___________________________(fax)_______________________
5. Phone(H)_______________(W)_______________(C)_______________
6. Address:____________________________________________________
_______________________________________________________________
7. This Organization is:

        ______ Independently Chartered       ______ Private
        ______ Not For Profit       ________ Other
Tax ID #:_____________________________________________________
If other, please describe:______________________________________
_______________________________________________________________

8. Major Sporting Events (and dates) hosted by the Organization:

________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________

App-p1
II. Event Information:

1. Event Title:________________________________________________________

2. Event Date:________________________________________________________

3. Brief description of event (format, qualifying criteria, ages, etc.):
   _________________________________________________________________
   _________________________________________________________________
   _________________________________________________________________

4. Sport(s) Involved:________________________________________________

5. Location(s):_______________________________________________________

6. Proposed Facility(ies):____________________________________________
   _________________________________________________________________
   _________________________________________________________________

7. Has the facility been secured?_______________________________________

8. Facility Contact: Name-_________________ Phone-__________________

9. Event Owner/Sanctioned Body:_______________________________________

10. Event Owner Contact: Name-__________ Phone-____________________

11. Event Director(s): Name-_________________ Phone____________________
    Name-_____________________________ Phone:______________________
    Name-_____________________________ Phone-____________________

App.-P2
12. Event History (most recent, regardless of location):

(a) Previous Location/Date(s): __________________________________________

Contact Name/Phone: ________________________________________________

Out-of-State/Area Participants: ________________ Room Nights: ______

Out-of-State/Area Fans-Spectators: __________ Room Nights: ______

(b) Previous Location/Date(s): _________________________________________

Contact Name/Phone: ________________________________________________

Out-of-State/Area Participants: ________________ Room Nights: ______

Out-of-State/Area Fans-Spectators: __________ Room Nights: ______

13. Was this event secured through bid? Yes __________ No __________

If yes, please provide appropriate documentation.

14. What is the overall event plan (include schedules, competition details,
   special events, etc.):

   _________________________________________________________________

   _________________________________________________________________

   _________________________________________________________________

15. Summarize the marketing plan for the event to include all media(s)
    timeline and if you are paying a promotional or production expense to
    obtain event coverage:

   _________________________________________________________________

   _________________________________________________________________

   _________________________________________________________________

Items # 14 & 15, can be presented as separate documents if more space is needed.

App.-p3
III. Event Assistance request:

1. Type of Assistance requested:
   (a) Financial: Amount-________________
   (b) Other:_________________________________________________________________
   _______________________________________________________________________
   _______________________________________________________________________
   _______________________________________________________________________

2. Have you received CVB/SM assistance for this event in the past? If Yes, please list dates and type of assistance provided): ___________________________________________________________________
   _______________________________________________________________________
   _______________________________________________________________________
   _______________________________________________________________________

3. Intended use of assistance, if awarded: __________________________________________
   _______________________________________________________________________
   _______________________________________________________________________
   _______________________________________________________________________

4. How will this assistance impact the success of the event? ___________________________________________________________________
   _______________________________________________________________________
   _______________________________________________________________________
   _______________________________________________________________________

5. How will this event contribute to a positive image for Panama City Beach (Bay Co.), Florida? ___________________________________________________________________
   _______________________________________________________________________
   _______________________________________________________________________
   _______________________________________________________________________

6. Does this event have future implications, spin-offs, or other considerations? ___________________________________________________________________
   _______________________________________________________________________
   _______________________________________________________________________
   _______________________________________________________________________

7. What other support from CVB/SM do you request (postage, Brochure design and/or printing, etc.): ___________________________________________________________________
   _______________________________________________________________________
   _______________________________________________________________________
   _______________________________________________________________________

8. Is this a room rebate event? Yes_________No______________
   If so, how much per room? ___________________________________________________________________
   _______________________________________________________________________
   _______________________________________________________________________

9. Has a Host Property been secured? Yes_________No______________
   If so, Property: ___________________________________________________________________
   _______________________________________________________________________
   _______________________________________________________________________
   App.-p4
IV. Community Support:

1. Please list other contributions from public entities for this event (include amount and source):

____________________________________________________________________________________

____________________________________________________________________________________

2. Please list any in-kind (donated facilities, volunteer/staff support, city/county services, etc.) support from the community that has been committed for this event:

____________________________________________________________________________________

____________________________________________________________________________________

3. Please list any local corporate support that has been secured for this event:

____________________________________________________________________________________

____________________________________________________________________________________

4. Please list any other local sponsorship that has been secured for this event:

____________________________________________________________________________________

____________________________________________________________________________________

V. Economic Impact/Participation Projections:

1. Total expected participants (competitors, coaches, trainers, officials, etc.):

   Adult   out-of-state/area___________ in-state___________

   Youth   out-of-state/area___________ in-state___________

2. Total expected spectators (fans, family, friends, etc.):

   Adult   out-of-state/area___________ in-state___________

   Youth   out-of-state/area___________ in-state___________

3. Total expected media: Out-of-state___________ in-state___________

4. Projected length of stay:______________________________________

5. Projected room cost:_________________________________________
VI. Signatures:

Applicant Signature/Disclaimer

We, the undersigned certify that we have read and understand the Panama City Beach Convention and Visitors Bureau, Inc. (CVB/SM) Sports Event Assistance Policy and Procedure and that all information with our application is true and correct.

Authorized Signature, Applicant    Title    Date

Authorized Signature, Applicant    Title    Date

CVB/SM will contact the applicant organization upon final recommendation.

If the event is a bid event, submit all bid documents including award letter.

No later than thirty (30) days prior to the event, if awarded, the organization must provide proof of insurance which lists the Panama City Beach Convention and Visitors Bureau, Inc. as additional insured, with a minimum liability of $1,000,000 per occurrence. If this item is not provided before the event takes place then the assistance will not be awarded.

Within 30 days after the completion of the event, the organization must forward the Post Event Report that includes complete and accurate accounting of the event’s financial activity and summary of the collected Out-of-State Participant forms. CVB/SM will disburse funds as reimbursement for paid invoices (canceled checks), for expenses specified in Post Event Report. After review of the Post Event Report, the assistance funds will be forwarded to the organization.

APP.-p6
POLICIES AND PROCEDURES

Prior to disbursing funds to the assistance recipient, a Post Event Report must be submitted along with all required documentation. **Post Event Reports must be submitted within 30 days of the conclusion of the event.** To expedite the reimbursement process, please understand the following:

- The Post Event Report must be typed and completed using the form provided.

- Within 30 days after completion of the event, the applicant must forward the Post Event Report that includes actual attendance, out-of-state direct economic impact calculations and accurate accounting of the event’s financial activity.

- The organization must provide copies of any printed material that contains the Panama City Beach logo. The organization must also provide photographs of any PCB signage displayed during the event.

- **CVB/SM will disburse funds as reimbursement for paid invoices only for allowable expenses as outlined below:**

<table>
<thead>
<tr>
<th>Allowable Expenses:</th>
<th>Disallowable Expenses:</th>
</tr>
</thead>
<tbody>
<tr>
<td>promotion, marketing, and programming</td>
<td>general and administrative expenses</td>
</tr>
<tr>
<td>paid advertising and media buys</td>
<td>building, renovating and/or remodeling</td>
</tr>
<tr>
<td>production and technical expenses</td>
<td>permanent equipment purchases</td>
</tr>
<tr>
<td>site fees/costs (contract help, rentals, insurance)</td>
<td>debts incurred prior to the grant programs, which solicit advertising</td>
</tr>
<tr>
<td>rights fees, sanction fees, non-monetary awards</td>
<td>hospitality or social functions</td>
</tr>
<tr>
<td>travel (if approved by CVB/SM in advance)</td>
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</tr>
</tbody>
</table>

- After review of the Post Event Report, the assistance funds will be forwarded to the Applicant, as designated in the Assistance Agreement.

**Process for Reimbursement:**


2. Submit **invoices** for those approved expenses, as outlined in the Assistance Application, totaling the amount awarded.

3. Include the copy of the **canceled check (front and back)** and the **corresponding invoice** to backup each check. If more than one check applies to one invoice, please attach a tape showing the addition of the checks on the back of the invoice. If more than one invoice backs-up one check, please attach a tape showing the addition of the invoices on the back of the copied check page.

4. If an advertising expense is submitted for reimbursement, please include all original tear sheets,
brochures, or other printed media as applicable.

5. Cash receipts will **not** be accepted for reimbursement.

6. If a credit card is used, a receipt, monthly statement and canceled check must be submitted.

7. The Applicant is to keep all original documents for at least the period of time stipulated in the agreement. CVB/SM reserves the right to request copies of all registration documentation, etc.

8. Faxed copies of the Post Event Report are not allowed, nor are illegible or hard to read photocopies.

9. All expenses must be proven as paid by the Applicant. No other expenses paid by other entities or individuals are allowed to be used for back up, unless it is proven that the Applicant has reimbursed that entity or individual.
POST EVENT REPORT

I. APPLICANT INFORMATION

1. Organization Name:____________________________________________
   *(Please note: All assistance payments will be made payable and mailed to the Applicant
   named in the Assistance Agreement.)

2. Post Event Report Completed by:_______________________________
   Name: __________________________ Title: _____________________
   Phone: __________________________ E-mail: _________________

II. EVENT INFORMATION

1. Event Title: ___________________________________________________

2. Event Date(s): _________________________________________________

3. Event Location(s): _____________________________________________

4. Provide a summary of media exposure for the event (please include copies of any
   printed promotional materials, television highlights, video documentation, etc.):

III. ASSISTANCE AWARD

1. Amount of Assistance Requested by Applicant: $__________________

2. Summary of eligible expenditures for assistance reimbursement (appropriate
documentation - cancelled checks and invoices must be attached to the Post Event
Report):

<table>
<thead>
<tr>
<th>CHECK #</th>
<th>PAYABLE TO</th>
<th>PURPOSE</th>
<th>AMOUNT</th>
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Please note: Payment/reimbursement occurs by submitting invoices totaling the amount of the
assistance award.
IV. ECONOMIC IMPACT

1. Participation Summary:

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

ADULT Out-of-State: __________ In-State: ____________

YOUTH Out-of-State: __________ In-State: ____________

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

ADULT Out-of-State: __________ In-State: ____________

YOUTH Out-of-State: __________ In-State: ____________

Total Media Out-of-State: __________ In-State: __________

2. Economic Impact Summary *(should reflect numbers provided in Section IV – 1 – Participation Summary)*

Direct Out-of-State Economic Impact of the Event

# of out-of-state Adult Participants ______ x avg. length of stay ___ x $143 = $ ______________

# of out-of-state Adult Spectators ______ x avg. length of stay ___ x $143 = $ ______________

# of out-of-state Youth Participants ______ x avg. length of stay ___ x $72 = $ ______________

# of out-of-state Youth Spectators ______ x avg. length of stay ___ x $72 = $ ______________

# of out-of-state Media/Professional ______ x avg. length of stay ___ x $143 = $ ______________

TOTAL DIRECT OUT-OF-STATE ECONOMIC IMPACT $ ______________

Total Hotel Impact (In-State and Out-of-State):

# of Rooms ______ x Avg. # of nights ___ x Avg. Room Rate $ ___ = $ ______________
VI.   PROJECTED EXPENSES   (A complete P&L of the Event must be included)

Please list use of assistance funds:

<table>
<thead>
<tr>
<th>EXPENSES</th>
<th>CASH</th>
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<tbody>
<tr>
<td>REIMBURSEABLE EXPENSES</td>
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<tr>
<td>TOTAL EXPENSE</td>
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</tr>
</tbody>
</table>

Please note: If assistance is awarded, payment/reimbursement occurs after the event by submitting invoices totaling the amount granted. The following summarizes the allowable/disallowable expenses that may be used for reimbursement.

Allowable Expenses:
- promotion, marketing, and programming
- paid advertising and media buys
- production and technical expenses
- site fees/costs (contract help, rentals, insurance)
- rights fees, sanction fees, non-monetary awards
- travel (if approved by CVB/SM in advance)

Disallowable Expenses:
- general and administrative expenses
- building, renovating and/or remodeling
- permanent equipment purchases
- debts incurred prior to the grant
- programs, which solicit advertising
- hospitality or social functions

V.  SIGNATURE/DISCLAIMER

We, the undersigned, hereby certify that we have read and understand the Post Event Report Policies and Procedures, and attest that all information included with this report is true and accurate:

Authorized Signature, Applicant  Title  Date