

**Event Development Program**

**Guidelines and Application**

The Charlotte County Tourism Event Development Program (EDP) provides reimbursable funding to **assist in the development of *new* events, occurring in low or shoulder seasons which promote Charlotte County as a tourist destination. The primary objective of this program is to promote tourism and attract overnight visitors to Charlotte County.** Funds received pursuant to the Event Development Program may only be used for the purposes authorized in Section 125.0104(5) of the Florida Statutes and specified in these guidelines.

The Program is administered through the Punta Gorda/Englewood Beach Visitor & Convention Bureau (VCB).

Applicants must substantiate the potential to draw overnight visitors to the area with a regional marketing plan. In addition, applicants must be able to **project a number of overnight visitors staying in Charlotte County accommodations and provide information on how they arrived at that projection (ex. Hotel partnerships)**. Applicants should also include their plans on how the event will be established as an annually occurring event.

Each applicant must meet with the VCB program liaison and/or the Tourism Director during the application process. Applications will be reviewed for completeness. VCB staff will make recommendations, if applicable, for improvements that might give the application a better chance of approval for funding. Applications are due by February 22nd of each year. Each applicant must present their application in-person to the Tourist Development Council (TDC) at one of the bi-monthly meetings following the application deadline. An oral presentation is mandatory and must include an overview of the event, how the event will be marketed and, more specifically, how the event will draw people from outside the market for overnight stays. The applicants will be notified, in advance, of the TDC meeting during which applications will be reviewed.

The amount of each award will be contingent upon the number of applications received and the availability of funds for events occurring between May 1 and September 30 (Summer Program) OR between May 1 and December 15 (Annual Program). Total funding available for Summeris $20,000. Total funding available for Annual is $40,000. The total program budget being $60,000.

**Guidelines**

General

1. Single application funding cap for both Summer or Annual events is $10,000.
2. Event must occur during the specified timeframe of May 1 through September 30 if a Summer application or between May 1 and December 15 if an Annual program application. Under special circumstances, the TDC may review and fund events occurring outside program window, if the dates in question would have a significant positive impact on room night generation.
3. Must be a new event or the second, consecutive, year of a previously funded EDP event.
4. The event may require paid admission but must be open to the public as opposed to a private event with paid admission.
5. Events which provide alcohol service may apply. All laws, local and state, must be stringently followed if alcohol is served at the event.
6. No event or festival may have, as its primary purpose, the promotion of any political issue, candidate, or party.
7. All events must be held within Charlotte County.
8. A new EDP Funding Application must be submitted when material changes are made to an event after funding has been awarded. Material changes are changes to event location, event date, allocation of EDP funding or change in event management.

9. Successful applicants will be required to execute an Event Funding Agreement in the form required by the County.

10. Successful applicants will be required to provide a post-event report in a form acceptable to the County within 90 days after the conclusion of the event. Appropriate funds will be reimbursed after review by the VCB staff and may be pro-rated if room night projections are not achieved.

11. Applications received after the deadline will be reviewed at the discretion of the VCB and are subject to funding based on the balance of the program budget. Applicants will be required to present their application in-person to the TDC and will be notified in advance of the presentation date.

12. The event organizer will be responsible for tracking event attendance and the methodology for tracking.

13. The event organizer will be responsible for tracking room night generation through partnerships with Charlotte County accommodations. Event organizers must work with hoteliers to set up room blocks and/or preferred rates on a first come, first serve basis. Once rates and/or blocks are established, it’s the event organizer’s responsibility to promote these rates to their potential attendees through their marketing efforts.

14. All marketing efforts (print/digital) must include the VCB logo as a primary sponsor of the event. The VCB shall also have the option to display two banners and/or branded 10 by 10 tents during the duration of the event. Advertising with the VCB logo should be approved by the Tourism Director and/or Marketing Director prior to the start of advertising.

**Eligible Expenses**

1. Entertainment fees, e.g. musicians, singers and other performers
2. Exhibits or materials for special activities as part of an event or festival
3. Advertising, marketing, postage, printing (applications & registration forms) and the purchase of mailing lists
4. Transportation for larger venues, e.g.: carriages, wagons, shuttles, particularly if additional transportation options are needed to increase attendance
5. Equipment rental such as staging and lighting
6. Event signage
7. Prize money is eligible if it is: a) published in all advertising; b) subject to published guidelines for the event c) does not exceed $2000; d) subject to the review of at least three people who are responsible for determining the prize winner if a decision is required for that determination. Prize money may only be used for an activity which requires skill and may not be used for raffles, lotteries or any game of chance where something of value is required to enter and prizes are awarded by chance or lot.
8. Location fees, permitting fees for an event
9. Event insurance

**Ineligible Expenses**

1. Any event expenses not specifically approved for funding under “Eligible Expenses.”
2. Salaries, administrative expenses, or other monetary compensation to event organization staff
3. Food and beverage or any hospitality or social functions
4. Any entertainment that is not for the general audience of the event
5. Legal, medical, engineering, accounting, or other consulting services
6. Interest or reduction of deficits or loans
7. Police or public safety services

**Required Post-Event Documentation**

**Due within 90 days following the last day of the event**

1. Document all EDP funded expenditures. Provide copies of receipts and signed contracts for all *EDP funded* expenses. If necessary, the VCB can make copies and return the originals to you.

2. Provide evidence of local partnerships and how you worked together.

3. Provide documentation of attendance estimates and the process used to determine attendance numbers, e.g.: ticket sales, aerial photos, law enforcement estimates, etc. *Please see attached suggested event survey.*

4. Provide documentation of all relevant media coverage. This may be done in an excel spreadsheet. Include:

Type of Media (print, radio, television, etc.)

Circulation or audience reach

Geographic coverage of each advertising placement – local, regional, national or international

5. Provide a general overview of the event to include:

Elements of the event that were most successful

Changes that would make the event more successful

Any factors impacting the event either positively or negatively (weather, etc.)

6. Provide estimate of, and method used to determine room night generation. *Please see attached room night tracking form.*

**Failure to submit a completed post-event report will affect future funding eligibility.**

**Event and Festival Application**

|  |  |
| --- | --- |
| **Name of Event:** | Click or tap here to enter text. |
| **Date/s of Event:** | Click or tap here to enter text. |
| **Location/s of Event:** | Click or tap here to enter text. |
| **Hours of Event:** | Click or tap here to enter text. |

|  |  |  |
| --- | --- | --- |
| **Is this a first- or second-year event?** | Click or tap here to enter text. | |
| **Was this event funded by EDP last year?** | | Click or tap here to enter text. |

|  |  |
| --- | --- |
| **Have you or your organization received EDP funds in previous years?** | Click or tap here to enter text. |
| **If yes, please list any events that previously received funding:** | |
| Click or tap here to enter text. | |

**Contact Information**

**Primary Contact:** Primary event organizer who is authorized to sign contracts and communicate with VCB staff.

|  |  |
| --- | --- |
| Name: | Click or tap here to enter text. |
| Address: | Click or tap here to enter text. |
| Phone, Cell: | Click or tap here to enter text. |
| Phone, Office: | Click or tap here to enter text. |
| Email: | Click or tap here to enter text. |

**Presenter:** A presentation to the TDC is required. If the person presenting is different from the primary event contact, please provide their contact information.

|  |  |
| --- | --- |
| Name: | Click or tap here to enter text. |
| Address: | Click or tap here to enter text. |
| Phone, Cell: | Click or tap here to enter text. |
| Phone, Alt: | Click or tap here to enter text. |
| Email: | Click or tap here to enter text. |

**Organizer Contact:** Person responsible for logistics, planning, delegation of tasks, if not the same as above:

|  |  |
| --- | --- |
| Name: | Click or tap here to enter text. |
| Address: | Click or tap here to enter text. |
| Phone, Cell: | Click or tap here to enter text. |
| Phone, Alt: | Click or tap here to enter text. |
| Email: | Click or tap here to enter text. |

**Please summarize the event management/planning experience of the persons who will be responsible for the planning and execution of this event.** Use additional sheets if necessary; Résumés are acceptable documentation.

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| Click or tap here to enter text. |

**Provide a detailed description of your event.** Use additional sheets if necessary. This should include the type of event, e.g., “Blue Grass Festival,” as well as activities and attractions that will be included in the event.

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| Click or tap here to enter text. |

**Provide a *detailed* marketing/advertising plan and budget.**  This should include advertising and marketing channels, geographic location of advertisements, ad reach, etc. Please also include your social media plan for the event and social media handles. Use additional sheets if necessary.

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| Click or tap here to enter text. | |
|  |  |
| **Website:** | Click or tap here to enter text. |
| **Facebook:** | Click or tap here to enter text. |
| **Instagram:** | Click or tap here to enter text. |
| **Twitter:** | Click or tap here to enter text. |
| **Other:** | Click or tap here to enter text. |

**Attendance Projections***Please provide an estimate of anticipated attendance as described below.*

|  |  |
| --- | --- |
| Out-of-State Attendees: | Click or tap here to enter text. |
| Out-of-County Florida Residents: | Click or tap here to enter text. |
| Charlotte County Residents: | Click or tap here to enter text. |

**Please describe how attendance projections were estimated and how tickets are being sold.**

|  |
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| Click or tap here to enter text. |

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| **Room Night Projections**  *Please provide an estimate of anticipated room nights as broken out below.* | |
| Room Nights – Out-of-State Attendees: | Click or tap here to enter text. |
| Room Nights – Florida Residents: | Click or tap here to enter text. |
| Average length of stay: | Click or tap here to enter text. |

**Please describe how room night projections were estimated and how room nights, related to the event, will be tracked.** *E.g., room blocks, discount code; see the attached Room Night Certification Form.*

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| Click or tap here to enter text. |

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| **Has a hotel or hotels been secured?** | | Click or tap here to enter text. | | |
| **Accommodation Partners**  *Please list hoteliers that you are working with to track room nights during the duration of the event.* | | | | |
| **Hotel** | **Point of Contact/Position** | | **Phone Number** | **Room Block (Y/N)** |
| Click or tap here to enter text. | Click or tap here to enter text. | | Click or tap here to enter text. | Click or tap here to enter text. |
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**Please complete the following budget form for your event.**

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| --- | --- | --- | --- |
| **Projected Income**  *Please list Event Development funds request under Projected Income* | | | |
| **Source** | **Amount** | **Cash** | **In-Kind** |
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| **Total:** | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

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| **Projected Expenses** | | | |
| *Please indicate with a “Y” or “N” if you plan to cover the expenses with Event Development funds* | | | |
| **Item** | **Estimated Expense** | **Event/Activity/Attraction** | **EDP (Y or N)** |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
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| **Total:** | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

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| **Summary of Funding Request** | |
| Total Budget: $ | Click or tap here to enter text. |
| Amount of Requested EDP Funds: $ | Click or tap here to enter text. |
| EDP Funds as a percentage of your total budget: % | Click or tap here to enter text. |

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| **If the event is not awarded EDP funds, or the full amount of the request, how will this affect the success of the event?** |
| Click or tap here to enter text. |

|  |  |
| --- | --- |
| Signature of applicant: | Click or tap here to enter text. |
| Date: | Click or tap here to enter text. |

Email your completed application and event marketing plan as an attachment to:[**Brynja.Phipps@charlottecountyfl.gov**](mailto:Brynja.Phipps@charlottecountyfl.gov)

**ROOM NIGHT CERTIFICATION FORM**

**TO:** Accommodation General Manager and/or Director of Sales

The purpose of this form is to quantify the actual number of room nights utilized in Charlotte County for the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Event. Your cooperation in the documentation of these room nights is very important to the Visitor & Convention Bureau and our Event Marketing efforts. Thank you in advance for your assistance. Please provide the following information.

**Hotel/Location:**

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| --- | --- | --- | --- | --- | --- | --- |
| TRACKED ROOM NIGHTS | | | | | | |
| Group Name |  | | | | | |
| Event |  | | | | | |
| Date |  |  |  |  |  |  |
| Paid Room Nights |  |  |  |  |  |  |
| Comp. Room Nights |  |  |  |  |  |  |

Please provide any comments:

|  |  |  |  |
| --- | --- | --- | --- |
| Name: | |  | |
| Signature: | | |  |
| Title: | | |  |
| Date: |  | | |

**SUGGESTED PARTICIPANT SURVEY**

Visitor Tracking Survey: (Name of Event)

Hi, my name is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, and we are taking a short survey about **(Name of the**

**Event)**. I would like to ask you 4-5 questions that only take a minute.

**-Where do you live?**

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**-Are you here by yourself or with others? If others, how many are in your group?**

Size of travel party: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**-Are you (or your party) staying in a local hotel?** - ( ) Yes ( ) No

(If yes, Which Hotel? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

(If yes, how many rooms for your party? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

(If yes, how many nights for your party? )