



**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:

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.

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: _____**

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.

Assistance Program Post Event Report

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:**

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

- 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:

1. Complete and return the Post Event Report.
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):**

<u>CHECK #</u>	<u>PAYABLE TO</u>	<u>PURPOSE</u>	<u>AMOUNT</u>
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

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:

EXPENSES	
REIMBURSEABLE EXPENSES	CASH
TOTAL EXPENSE	

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

