

# Flagler County Tourist Development Council



2018-2019  
Tourism Grant Guidelines  
and  
Application for Overnight Stay Special Events

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## SUBMITTAL DEADLINES AND APPROVAL MEETING SCHEDULE

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Application Submittal Deadlines	TDC Approval Meeting Date	TENTATIVE BOCC Approval Date
06/29/2018	07/18/2018	08/06/2018
09/28/2018	10/17/2018	11/05/2018
12/31/2018	01/16/2019	02/04/2019
03/29/2019	04/17/2019	05/06/2019

## MANDATORY APPLICATION CONSULTATIONS

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All applicants must meet with a representative of the Flagler County Tourist Development Council prior to submitting an application. All applications are to be submitted to the Palm Coast and the Flagler Beaches office.

The TDC will review funding for Overnight Stay Special Events quarterly.

Flagler County Tourist Development Council meets in the Government Services Building, Board Chambers, 1769 East Moody Boulevard, Building 2 in Bunnell on the third Wednesday of every month at 10:00 am, unless otherwise noted.

### Mailing Address

120 Airport Road, Suite 3, Palm Coast, FL 32164

For an application please call (386) 313-4230 or visit our website:

<http://www.visitflagler.com/tdc/grant-application.shtml>

## OVERNIGHT STAY SPECIAL EVENT GRANT CRITERIA

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Advertising Requirements: The Flagler County Tourist Development Council logo with the Web Address ([www.VisitFlagler.com](http://www.VisitFlagler.com)) must appear prominently in all marketing materials for the special event. A .jpg of the approved logo can be found at [www.visitflagler.com/tdc/grantapplication](http://www.visitflagler.com/tdc/grantapplication) Proof and/or tear sheets must be provided at post event meeting.

Required Match: “Overnight Stay” Special Event Grant Funds awarded pursuant to this section shall represent no more than 50% of the total cost of the event, as documented in the final event report.

Mandatory Consultations: All applicants must meet with the representative of the Flagler County Tourist Development Council. Applicants will receive guidance regarding lodging partnerships, advertising, economic impact survey requirements and further resources.

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

- ALL completed Economic Impact Surveys (Visitor Questionnaires)
- Final Survey Report
- Final Status Report
- Reimbursement Request Form(s)
- All supporting reimbursement documentation (Invoices, cancelled checks, etc...)

Special Event Grant Criteria: Additionally, all Overnight Stay Special Event Grant Applications which are properly submitted will be evaluated in accordance with the following criteria:

- A. Commitment to the Expansion of Tourism in Flagler County – Completed applications must contain evidence that the event:
- i. Serves to attract out- of-county visitors generating hotel/motel/resort/RV/vacation rental homes/campground rentals;
  - ii. Will be marketed to the fullest extent possible in an effective and efficient manner;
  - iii. Demonstrates a willingness on behalf of the applicant to work with the tourism industry.
- B. Soundness of Proposed Project/Event – Completed applications must include the extent to which the project:
- i. Has clearly identified objectives;
  - ii. Has a realistic timetable for implementation;
  - iii. Has additional funding sources available that will be utilized;
  - iv. Will accomplish its slated objective.
- C. Stability and Management Capacity – The completed application must include:
- v. A proven record or demonstrated capabilities of the organization to develop resources, effectively plan, organize and implement the proposed event;
  - vi. Confirmation of organization representatives and proof that the organization approved the application for special event grant funds.
  - vii. Evidence of the organization’s ability to administer public grants and to prepare and deliver the necessary reports to the Tourist Development Council.

D. Quality and Uniqueness of the Proposed Project/Event – The completed special event application form must include documentation of the extent to which the event provides a program for Flagler County visitors and its residents which is of significant merit and that, without such assistance, would not take place in the County.

The Flagler County Tourist Development Council will not fund past events or expenditures. Funding is available for forthcoming events only.

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## ALLOWABLE EXPENDITURES – Fund 110 Overnight Stay Special Events

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### Examples of Allowable Expenditures

- Pre-approved Local Advertising promotion and event marketing
- Security (i.e., police, sheriff deputies, ushers, marshals, etc.)
- Fees to Sanctioning Bodies
- Maintenance, Janitorial and other Clean-up
- Officials' Fees (i.e., referees, umpires, etc.)
- Officials' Housing
- Awards to Participants (i.e., trophies, plaques, etc.)
- Rental Items (i.e., tents, toilets, barricades, and other event-related items)
- Volunteer and Officials Incentives (non-cash)
- Local Transportation Costs (group)
- Local Printing (i.e., results, programs, heat sheets, etc.)
- Meeting Room Rental
- Audio-Visual Equipment Rental
- Staff and Speakers' Guestrooms
- Signage
- Contract Labor (Medical, Timing & Scoring, Law Enforcement, Parking, Non-Profit Organizations, etc.)
- Other pre-approved expenditures consistent with Florida Statutes and Tourist Development objectives may be considered

### Examples of Non-Allowable Expenses

- Annual operating expenditures, to include property taxes
- Professional services including legal, medical, engineering, accounting, auditing, consultant, or tax service
- Real Property acquisition
- Interest or reduction of deficits or loans
- Prize money and/or scholarships
- Receptions or social functions other than those specifically designed for pre-event media promotional purposes
- Sales Tax
- Website design not specific to the event
- Ongoing or annual facility maintenance
- Docents and/or employee wages
- Other expenditures not consistent with Florida Statutes or Tourist Development objectives

## APPLICATION PROCESS AND INSTRUCTIONS

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The Flagler County Tourist Development Council meets the third Wednesday of each month in the Board Chambers at Government Services Building, located at 1769 E. Moody Blvd., Building 2, Bunnell, promptly at 10:00 am.

Each organization must designate one individual who will be the primary contact and responsible for maintenance of the grant, correspondence, funding processes and reports. The individual shall ensure that all fundamentals of the grant are followed and that reports are submitted in a timely manner.

- Applications are to be reviewed quarterly at the regularly scheduled TDC meetings. These meetings will be posted and open to the public.
- Funds will be awarded on a first come, first served basis.
- Each applicant must submit a current W9 at the time of submission. If the event takes place in a future calendar year, an updated W9 will be required. W9 must match organization name applying for grant.
- Each event/program must have a separate grant application.
- The application must be typed. Accuracy is important. The application must be completely filled out. Not Applicable or N/A should be marked for any question deemed inapplicable to the application.
- The application must be signed by an authorized agent of the organization. Applications without signature will be returned.
- Applications will be date stamped and added to the agenda in the order that they are received.
- The Flagler County Commission and the Flagler County Tourist Development Council must be named as additional insured's on the applicant's general commercial liability policy or special event insurance policy 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 additional insured must be submitted to the Palm Coast and the Flagler Beaches office 30 days prior to event.

## AWARD PROCESS AND FUNDING DISBURSEMENT

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Each year, the Flagler County Board of County Commissioners shall appropriate funds for the provision of overnight stays special event grants subject to the following additional limitations:

Maximum Award: The maximum award an organization can seek is directly related to the overnight stays the event will generate, although the actual award amount will be evaluated on multiple criteria, subject to the following limits:

	<u>Number of Room Nights Generated</u>	<u>Maximum Annual Peak Season Award Amount</u>	<u>Maximum Annual Off-Peak Season Award Amount</u>
i.	400+	\$8,000	\$10,000
ii.	300 to 399	\$6,000	\$7,500
iii.	200 to 299	\$4,000	\$5,000
iv.	50 to 199	\$2,000	\$2,500
v.	0 to 49	\$0	\$0

Peak season takes place during the following months: February – August. Non-Peak season is considered to be the months of September through January.

Funding is approved following ratification of the Tourist Development Council's recommended grant which must be approved by the Board of County Commissioners. An award letter will be issued following ratification of the Board of County Commissioners. Monies will not be available until all post reporting requirements are met.

### Reporting Guidelines and Disbursement Requirements

Grant Recipients must complete the written final special event report, which will include documentation, from hotel representatives, of the actual room nights generated with a comparison to the estimated room nights generated used as a basis for the original grant award.

For the purpose of calculating creditable overnight stays, only rooms subject to Flagler County Tourist Development tax shall be included, i.e. rooms exempt from payment of tax or provided on a complimentary basis, shall be excluded from the calculation.

Grant Recipients must distribute Economic Impact Surveys (Visitors Questionnaires) included in this application to event participants and submit a completed Final Survey Report as part of the final reporting of the event.

Grant Recipients should establish a coding system with lodging partners to track verifiable overnight stays. A final report from lodging partners will be required showing the number of overnight stays gained from each event and submitted as part of the final special event grant report.

Reimbursement of "Overnight Stay" Special Event Grants will not be made until all reporting requirements are met, including verification of room nights generated. Should the verifiable room nights be in a range less than the grant awarded, the grant will be reduced to the appropriate grant range.

Failure to submit reports correctly will delay payment.

## Economic Impact Survey and Reporting Instructions

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Economic Impact Survey (Visitor Questionnaire) – Applicants will be required to distribute and collect Economic Impact Surveys (Visitor Questionnaire) which a copy of is provided by the Tourist Development Council in this 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, these surveys are required to be submitted at the Post-Event Meeting.

Economic Impact Survey Summary Report – After collecting the completed Economic Impact Surveys (Visitor Questionnaires), divide them by zip code and combine the information compiled using Economic Impact Survey Summary Reports. These summary reports are to be used as a tool to help create the Final Survey Report.

Final Survey Report – The Final Survey Report is the final result of all gathered surveys and will be turned in to the Tourist Development Council with the Final Status Report. This is a mandatory part of the Grant process.



# Flagler County Tourist Development Council

## Fund 110 Promotional Activities Request for Overnight Stay Special Event Funding

Date: \_\_\_\_\_

Organization: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Fax: \_\_\_\_\_

Registered as a non-profit corporation:      No      Yes (If yes please attach proof)

### Maximum Award

The maximum award an organization can seek is directly related to the overnight stays the event will generate, although the actual award amount will be evaluated on multiple criteria, subject to the following limits:

- \*Room nights generated
- \*Peak Season: February – August
- \*Non- Peak Season: September - January

*Reimbursement of Overnight Stay Special Event Grants will not be made until all reporting requirements are met, including verification of room nights generated. Should the verifiable room nights be in a range less than the grant awarded, the grant will be reduced to the appropriate grant range.*

### Event Description

Event Name: \_\_\_\_\_

Event Dates: \_\_\_\_\_

Amount Requested: \_\_\_\_\_ Budget for Event\*: \_\_\_\_\_

*\* Event budget must be submitted with this application.*

The Flagler County Tourist Development Council logo with the web address [www.VisitFlagler.com](http://www.VisitFlagler.com) must appear prominently in all advertising and publicity (both written or electronic) for the special event. Proof of advertising (tear sheets, etc...) must be provided at the post-event meeting.

Intended use of "out of county" direct advertising funds if applicable.

\_\_\_\_\_

Please provide detailed information on your event. \_\_\_\_\_

\_\_\_\_\_



Who is your target audience? \_\_\_\_\_

How will Flagler County benefit from your event? \_\_\_\_\_

How many verifiable hotel stays do you project this event will bring to Flagler County? \_\_\_\_\_

Have blocks of rooms been reserved at a lodging facility?      Yes      No

If yes, list locations with the number of rooms blocked at each location, i.e. Hampton Inn (40 rooms): \_\_\_\_\_

Are local attractions being included in the itinerary for this event, such as:

- Attend a local play, concert, or dance performance
- Visit a local museum
- Visit a local nature based activity (i.e. Gamble Rogers, Washington Oaks)
- Visit local historical settings (i.e. Princess Place, Holden House, Mala Compra Plantation)
- Other (please list) : \_\_\_\_\_

TDC collateral will be distributed to the organization by a tourism representative for distribution at the event upon request.

Funding

Required Match "Overnight Stay" Special Event Grant Funds awarded pursuant to this section shall represent no more than 50% of the total cost of the event, as documents in the final event report.

What are the other sources of funding that your organization can provide to match the funds requested by the Tourist Development Council?

How much gross income is intended to be collected from this event? \_\_\_\_\_

List Past TDC funding:

Year	Event	Requested Amt	Award Amt	Spent Amt
-----	-----	-----	-----	-----
-----	-----	-----	-----	-----
-----	-----	-----	-----	-----
-----	-----	-----	-----	-----

Provide all additional contributors, sponsors, and sources of funding for this event. (If not applicable, please explain.)

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Event History

How many years has this event taken place? -----

Please provide the following information regarding the event for the past three (3) years prior:

Date(s)	Location	Total Attendance	Out of Town Guests	Verifiable Room Nights	Total Expenditures
-----	-----	-----	-----	-----	-----
-----	-----	-----	-----	-----	-----
-----	-----	-----	-----	-----	-----

Commitment to the Expansion of Tourism in Flagler County

How does the event serve to attract out of county visitors generating hotel, motel, resort, RV, vacation rentals and/or campground rentals? -----

-----

How will the event be marketed to the fullest extent possible in an effective and efficient manner? -----

-----

How will you demonstrate a willingness to work with the tourism industry?

-----

Please provide evidence as to how the event will be self-funded in subsequent years.

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Soundness of Proposed Event

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Clearly identify the event's objectives. \_\_\_\_\_

\_\_\_\_\_

What is the timetable for implementation of the event? \_\_\_\_\_

\_\_\_\_\_

How do you intend to accomplish your slated objectives? \_\_\_\_\_

\_\_\_\_\_

Stability and Management Capacity - The Completed application must include:

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- A proven record or demonstrated capabilities of the organization to develop resources, effectively plan, organize and implement the proposed event.
- Documentation that the organization has a successful history of service in and to Flagler County.
- Confirmation of organization representatives and proof that the organization approved the application for special event grant funds.
- Evidence of the ability of the organization to administer public grants and to prepare and deliver the necessary reports to the Tourist Development Council.

Quality and Uniqueness of the Proposed Event

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The completed special event application form must include documentation of the extent to which the event provides a program for Flagler County visitors and its residents which is of significant merit and that, without such assistance, would not take place in the County.

Authorized Agent Acknowledgements and Signature

Authorized Agent:

Name: \_\_\_\_\_

Title: \_\_\_\_\_

I, the Applicant or Authorized Agent of the organization requesting TDC funds have reviewed this Application for funds from the Flagler County Tourist Development Council and concur with the information submitted herein.

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 guidelines as provided in the Flagler County Tourist Grant Guidelines.

I, the Applicant or Authorized Agent of the organization requesting TDC funds, acknowledge that I have reviewed and understand the advertising requirements for overnight stay special event grants. Additionally,

I understand that failure to comply with these advertising requirements will result in relinquishment of the special event grant funding.

I also understand that grant funds will only be awarded after completion of a Final Status Report and verification of room nights. Should the verifiable room nights be in a range less than the grant awarded, the grant will be reduced to the appropriate grant range.

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Authorized Agent Signature

-----

Date

Received by Tourism Development Office By:

-----

TDC Authorized Signature

-----

Date



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

OPTIONAL INFORMATION

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_



# Flagler County Tourist Development Council

## Economic Impact Survey Summary Report

Instructions: Enter the zip code for this summary report in line 1, and the total number of responses for the zip code in the appropriate locations below. Use this information to complete a Final Survey Report.

EVENT NAME: \_\_\_\_\_ EVENT DATE: \_\_\_\_\_

1. Summary report for Zip Code:

\_\_\_\_\_

2. Total 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. Total modes of travel to Flagler County:

- \_\_\_\_\_ 1 - Car/ Van
- \_\_\_\_\_ 2 - Plane
- \_\_\_\_\_ 3 - Bus
- \_\_\_\_\_ 4 - Other \_\_\_\_\_

4. Total nights / day trips in Flagler County:

\_\_\_\_\_Nights \_\_\_\_\_ Day Trips

5. Total Accommodations in Flagler County:

- \_\_\_\_\_ 1 - Hotel/Motel
- \_\_\_\_\_ 2 - Vacation Rental / Condo
- \_\_\_\_\_ 3 - Friends/Relatives
- \_\_\_\_\_ 4 - Bed and Breakfast
- \_\_\_\_\_ 5 - Campground
- \_\_\_\_\_ 6 - Other \_\_\_\_\_

6. Total other activities in Flagler County:

- \_\_\_\_\_ 1 - Shopping
- \_\_\_\_\_ 2 - Evening Activities
- \_\_\_\_\_ 3 - Outdoor Recreation
- \_\_\_\_\_ 4 - Beach
- \_\_\_\_\_ 5 - Attractions
- \_\_\_\_\_ 6 - Dining Out
- \_\_\_\_\_ 7 - Arts & Culture

7. Total first time visits:

\_\_\_\_\_Yes \_\_\_\_\_No

8. Total ways of hearing about Flagler County:

- \_\_\_\_\_ 1 - Event Advertisement
- \_\_\_\_\_ 2 - Friends/Family
- \_\_\_\_\_ 3 - Other (TV, Radio, Magazine, etc.)

9. Total repeat visitors to area:

\_\_\_\_\_Yes \_\_\_\_\_No



# 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		Question 9	
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 othe activities. 1=Shopping, 2=Evening Activity, 3=Outdoor Recreation, 4=Beac 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.



Flagler County Tourist Development Council

Final Status Report

Date: \_\_\_\_\_

Organization: \_\_\_\_\_

Event Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Fax: \_\_\_\_\_

Is this a first time event?      No      Yes

If not, now many times has this event taken place?

What attractions or activities did guests participate in other than your event?

Did any problems occur during this event?      No      Yes - If yes, please describe below:

What is the total expense of the event?

Have all the invoices associated with this event been paid?      No      Yes List all

vendors that have been paid:

List outstanding invoices:





# Flagler County Tourist Development Council

## 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	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