



Dear Grant Applicant:

Thank you for your interest in promoting Pasco County as a tourist destination for visitors. The Pasco County Tourist Development Council (TDC) recognizes tourist-related events and activities as so important that it has set aside dedicated funds to help you promote your special event by reimbursing your qualified advertising expenses through a grant program. The funds to support this grant program come from the **2% Tourist Development Tax**, which is a tax on all short-term rentals in Pasco County, including hotels, motels, bed & breakfasts and all other rentals for six months or less. As required, receipt of reimbursement funding under this grant program may only be used as prescribed in FLORIDA STATUTE 125.0104(5)(a)(2) - *"To promote and advertise tourism in the State of Florida and nationally and internationally."*

The funds allocated to support the grant program are provided by the TDC on behalf of the Pasco County Board of County Commissioners. While the TDC makes recommendations regarding distribution of the funds, the **Board approves the grant award amount.**

Please fill out the enclosed application completely. If you need to submit answers on a separate attachment, please do. Incomplete applications will not be considered. The deadline to have completed applications back to the Office of Tourism is **Friday, July 30, 2010**. If you have questions regarding the application process, please call me or Amy Ellis at (727) 847-8129. Again, thank you for your interest.

Sincerely,

Eric Keaton

ERIC KEATON

Public Communications Manager

Pasco County Tourist Development Council Special Event Grant Program Policies and Procedures

I. Introduction

The Pasco County Tourist Development Council (TDC) was created pursuant to the State of Florida Local Option Tourist Development Act and Pasco County ordinance. The TDC administers funds collected from a local-option tourist development tax on occupied transient lodging; i.e., hotels, motels, and campgrounds, along with condominium and home rentals of six months or less. The funds are designated to promote greater Pasco County as a preferred travel/visitor destination.

The TDC sets aside a portion of its annual budget in a grant program for local groups and organizations coordinating events with a demonstrated history of producing room nights, economic impact and/or the potential to draw visitors to the area with a regional marketing plan. These grant funds are administered by the TDC on behalf of the Pasco County Board of County Commissioners. **The Board approves the grant award amount.**

Each application will be evaluated against established criteria and historic precedent. The number and amount of each grant award will be dependent upon the availability of designated funds and specific allocations. There is a **1/3 cap amount** on how much an event can request through the grant program. For example, if funds available equal \$75,000 an event/organization may not request more than \$25,000. If an event or organization's request is above the cap amount the TDC will impose the cap.

The TDC asks that grant requests **only include out-of-county, regional or national itemized advertising/marketing budget.**

II. Funding Considerations

To be considered for funding, the event must first and foremost produce room nights by attracting overnight visitors to Pasco County that stay in transient lodging; i.e., hotels, motels, campgrounds and rental condominiums located within the county. The TDC will score the applications based on:

A. Production of Room Nights - 40 pts.

1. Does the event/organization attract overnight visitors to Pasco County?
2. Does the event/organization provide a history of room nights/overnight visitors?
3. Does the room night history show signs of growth or consistency?
4. How significant are the recent calendar year numbers? What is the hotel fiscal impact?
5. If a new event, how strong/accurate are the estimates of overnight visitors?
6. Has a host hotel or accommodation partnership(s) been established?
7. How accurate are your room night statistics? Are they validated by the property's sales manager, booking engine or survey?

B. Advertising out of COUNTY- 20 pts.

1. Does the event provide opportunities for state, regional, national and/or international exposure?
2. Has the event/organization promoted outside a 50-mile radius of Pasco County?
3. Has the event/organization promoted regionally up to 250-miles (Jacksonville, South Florida and the Panhandle)?
4. If a printed ad, how well has the event utilized the tourism logo?
5. If a video/audio ad, how well has the event credited/mentioned Pasco County Tourist Development Council and/or utilized the logo?
6. Has the event/organization utilized new media (Constant Contact, e-magazines or social networking)?
7. How much publicity, media exposure and who promoted the event/organization?

C. Marketing Plan- 10 pts.

1. Is there an itemized marketing/ad budget for the event?
2. How exactly will the grant requested be used?
3. How does it compare to past years?
4. Does the event provide co-op advertising opportunities with other events or TDC?
5. How creative is the marketing plan? Is it evolving with the room night numbers?
6. Is there an opportunity for co-operative advertising with the TDC?

D. Economic Impact - 10 pts.

1. How strong is the overall benefit to tourism in Pasco County?
2. How strong is the out-of-town day trip visitor impact to Pasco County? Not necessarily overnight visitors but producing an impact for our stakeholders: restaurants, shops, gas, food, entertainment etc.
3. Is there growth in the event? For example, has the main event added attractions to enhance the show?
4. What area businesses will benefit from this event?

E. Organization Stability - 10 pts.

1. What is the background and experience of the sponsoring organization?
2. Is this a new event?

3. Is this an annual event?
4. Is this event for charity or raising funds for a specific organization?
5. Are there net revenues to the sponsoring organization from the event?
6. Evidence of staff and volunteer capability and qualifications.
7. Does the organization have a successful history of service in Pasco County?
8. Did they return their Funding Agreement and Post Event Report within six months of the previous event?

F. Timing of the Event- 10 pts.

1. How unique is this event? Has it created a schedule to lure overnight visitors?
2. Is the event scheduled during the off-season, May through October, or tourism season November through April?
3. Is the event more than one day?

III. Statement of Policies

- Grant funds are intended to supplement the sponsoring organization's budget, not supplant it.
- Funding is not intended to support administrative costs, including salaries.
- Funding shall not be used to support debt reduction, private entertainment (i.e., food, beverages), promotions/advertising within the County, or projects with restricted access based on race, sex, national origin, age, or disability.
- Funding shall be provided as reimbursement for approved expenditures upon completion of the event.
- Funds are to be used for expenditures associated with marketing and promoting an event outside of Pasco County to potential overnight visitors.
- Events are strongly encouraged to promote outside a 50 miles radius of Pasco County and regional up to 250 miles or more.
- Grants will be subject to audit by Pasco County.
- All applications will be public record and will be reviewed by the TDC and the BCC.
- Proof of liability insurance **MUST** be provided by the host organization, naming the Pasco County Board of County Commissioners as additional insured, in the amount of \$1,000,000. This certificate of insurance must be received and approved by the County **PRIOR** to your event!
- Recognition of the TDC, via the Pasco County tourism logo(s), **MUST** be included on appropriate printed material and referred to in public relations activities. Recognition of the TDC via the logo or statement, "brought to you in part by Pasco County/Pasco County Tourist Development Council," must be used if utilizing grant funds to allocate for a video or audio ad. **Failure to use the County tourism logo(s) may affect future funding.** Complete usage requirements of the Tourism Logo will be described in the funding agreement.
- All grant recipients will be required to enter into a funding agreement.
- All grant recipients for Fiscal Year 2010-11 will be required to attend a workshop on grant reimbursement procedures and promoting / marketing your event outside of Pasco. The workshop is typically held in late October. The TDC staff will advise recipients of the exact date after the September 15 TDC meeting.

IV. Procedures for Application

- All applications will be considered for funding during FY 2010-11 (Oct. 1, 2010 to Sept. 30, 2011).
 - All applications **MUST BE TYPED** and answered on the application form.
 - Submit one original and one digital version of the completed application.
- Mail or deliver applications to:
- Pasco County Office of Tourism Development
FY10/11 Grant Application
West Pasco Govt. Center
7530 Little Road, Suite 340
New Port Richey, FL 34654
- For questions, contact:
- Eric Keaton, Public Communications Manager
Pasco County Office of Tourism Development
Telephone (727) 847-8129
ekeaton@pascocountyfl.net
- Answer ALL questions. Do not write "NA." Explain why a question does not apply to your organization.
 - Applications will be accepted and reviewed once a year. The schedule for submission and review is:

Submission deadline:	Friday, July 30, 2010, 5 p.m.
Reviewed with funding decisions:	September TDC Meeting - Sept. 15, 2010
Grant Recipient Workshop:	<i>Tentative October 12, 2010 (East site)</i>
 - Applications received after the submission deadline will not be considered.
 - Each application will be scored by the TDC prior to the September 15 meeting. The Office of Tourism Development will calculate the scores and submit the averaged totals to the TDC before the start of the meeting. After review of the final scores, the TDC will have an opportunity to adjust the totals based on the staff's tabulation or brief (3 minute) presentation or question and answer session between the TDC and the grant applicant(s).
 - **New events/organizations are required to make an oral presentation (5 minute time limit including question and answer) to the TDC during the annual meeting.**
 - The TDC will announce the grant award amounts at the meeting and funding recommendations will be submitted to the BCC for final action.

- Applicants are asked not to contact members of the TDC. The event director, fiscal administrator, or other contact person may be called upon by any one of the TDC members or staff at any time during the review process. Any unsolicited contact by the applicant will be looked upon unfavorably.

V. Procedures for Reimbursement

- **TO BE ELIGIBLE FOR PAYMENT, A COMPLETED POST-EVENT REPORT MUST BE SUBMITTED.** A blank Post Event Report form is included in this packet.
- Proof of expenditure(s) must be provided on an invoice, printed on the organization's letterhead. The invoice should be made out to "The Pasco County Board of County Commissioners." The invoice should include copies of the front and back of canceled checks, corresponding invoices and original tear sheets of the advertisements or marketing materials claimed.
- Failure to submit a complete reimbursement may result in disqualification for support in current and future years. All reimbursement paperwork must be submitted to the Pasco County Tourist Development Office **NO LATER THAN SIX MONTHS** after completion of the event. If an event/organization fails to meet this deadline it will **not be eligible to apply for a new grant** unless the post event report has been submitted prior to the application process.

NOTE: Please retain these Policies and Procedures for information and reference. Do not submit them with the completed application.

PASCO COUNTY TOURIST DEVELOPMENT COUNCIL
FY 10/11 SPECIAL EVENT GRANT APPLICATION

1. EVENT: _____

2. DATE(s) OF EVENT: _____,

OFF-SEASON May through October, or IN-SEASON November through April?

3. LOCATION OF EVENT/PROJECT (address and/or specific location where event/project will take place):

Address _____

City _____ State _____ Zip _____

4. NAME OF APPLICANT/HOST ORGANIZATION:

Legal Name _____

Address _____

City _____ State _____ Zip _____

Website _____

5. CONTACT PERSON/TITLE:

Name _____ Title _____

Phone No. (____) _____ Fax No. (____) _____

E-mail _____

6. TYPE OF ORGANIZATION - IRS STATUS (TAX ID NO.)
IF A NEW EVENT (1st time applicant), ATTACH ARTICLES OF INCORPORATION, BYLAWS. Fed ID No. _____

7. IF A NEW EVENT (1st time applicant) ATTACH A LIST OF MEMBERS OF THE ORGANIZATION'S BOARD OF DIRECTORS AND A LIST OF PAID STAFF.

8. IF A NEW EVENT (1st time applicant) ATTACH MOST RECENT ANNUAL FINANCIAL REPORT FOR ORGANIZATION AND BUDGET FOR THE UPCOMING YEAR.

9. OVERVIEW OF EVENT including whether your event has received a TDC grant in the past?
If yes, indicate name and date of event/project and amount received. (attach separate sheet if needed)

10. LIABILITY/MEDICAL INSURANCE? _____ No _____ Yes Carrier _____

11. ATTACH EVENT BUDGET WITH ITEMIZED CATEGORIES OF REVENUE AND EXPENSES.

PRODUCTION OF ROOM NIGHTS/ HOTEL AND ECONOMIC IMPACT

12. HAS HOST HOTEL(S) OR ACCOMODATION PARTNERSHIPS BEEN SECURED? _____ No _____ Yes
If yes, indicate place(s), contact(s), telephone number(s)

Hotel _____ Contact _____ Telephone Number _____

13. ANTICIPATED NUMBER OF HOTEL ROOM NIGHTS/ OVERNIGHT ACCOMODATIONS PER NIGHT FOR THIS YEAR:
(Please identify any room nights provided free or in-kind for your event)

Date(s) # of Rooms # of Nights AVG ROOM \$

14. ACCOMODATIONS-ROOM NIGHT PRODUCTION/HISTORY OF EVENT AND IMPACT-(attach separate sheet if needed)
(Please identify any room nights provided free or in-kind for your event)

<u>Date(s)</u>	# of Rooms	# of Nights	AVG ROOM \$
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15. ESTIMATED NUMBER OF LOCAL EVENT ATTENDEES/PARTICIPANTS (not overnight): _____

16. ESTIMATED NUMBER OF OUT-OF-COUNTY ATTENDEES/PARTICIPANTS (not overnight): _____

17. WHAT IS THE ESTIMATED ECONOMIC IMPACT IN DOLLARS? _____

The Office of Tourism Development uses the formula provided by VISIT FLORIDA and the FLORIDA SPORTS FOUNDATION primarily used for Out-of-State events. A thorough economic impact analysis should be conducted on your event since no two events are similar in size, audience, location and time of the season. Please attribute your formula, study and/or information.

18. HOW WILL THE EVENT/PROJECT BENEFIT PASCO COUNTY TOURISM?

19. HAS VENUE/FACILITY BEEN SECURED? _____ No _____ Yes If Yes, indicate location, contact and phone number.

ADVERTISING & MARKETING OUT-OF-COUNTY

20. WHAT IS THE INTENDED USE OF THE FUNDS FOR YOUR OUT-OF-COUNTY MARKETING/ADVERTISING PLAN/BUDGET: What plans have been made for out-of-County advertising/public relations/promotion of the event? Please provide details of the cost, activities, placements, collateral materials, names of publications targeted, number of brochures to be produced, and where brochures will be distributed, etc. (attach separate sheet if needed)

21. FOR REPEAT EVENTS: please provide copies of all event promotional materials, including radio or television scripts, printed fliers, ads or other materials you purchased with Pasco County grant funds. Only provide material on the most recent year a grant was received. Also produce a digital copy of material.

22. What research do you have regarding the demographics of your attendees? How do you measure the success of your event? How do you measure the effectiveness of your promotion? (attach separate sheet if needed)

23. DESCRIBE IN DETAIL THE GOALS OF YOUR EVENT/ORGANIZATION? Does the event promote the organization, charity, event, sport or community? How does this event serve Pasco County? Are there a number of volunteers to bring the community together for this event's purpose?

VERIFICATION OFFICIAL WITH CONTRACTING AUTHORITY FOR THE ORGANIZATION

I HEREBY CERTIFY that I have read the foregoing application and that the facts stated herein are true and correct to the best of my knowledge and belief. I have read the Special Event Policies and Procedures and agree to comply with the policies and procedures therein as a condition of receiving grant funds.

Official's Signature

Official's Name and Title

CHIEF FINANCIAL OFFICER FOR THE ORGANIZATION

I HEREBY CERTIFY that I have read the foregoing application and that the facts stated herein are true and correct to the best of my knowledge and belief. I have read the Special Event Policies and Procedures and agree to comply with the policies and procedures therein as a condition of receiving grant funds.

Official's Signature

Official's Name and Title

CONTACT PERSON AS LISTED ON PAGE ONE OF APPLICATION

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Official's Signature

Official's Name and Title

FOLLOWING FORMS ARE FOR COMPLETION ONLY AFTER CONFIRMATION THAT TDC FUNDING HAS BEEN AWARDED AND THE EVENT HAS OCCURRED

PASCO COUNTY TDC POST EVENT REPORT
FISCAL YEAR 2010-11

EVENT NAME: _____

REPORTING DATE: _____

ORGANIZATION: _____

CONTACT PERSON: _____ TITLE: _____

ADDRESS: _____

TELEPHONE: _____

E-MAIL: _____

ON AN ATTACHED SHEET, ANSWER THE FOLLOWING QUESTIONS:

1. What is the overall assessment of the event?
2. What was the total number of participants/attendees and economic impact based on your visitor numbers?
3. Did the event have the anticipated overnight results?
 - a. Number of participants and attendees from out of Pasco County.
 - b. Number of room nights generated by the event (please identify any in-kind or free room nights provided for officials/vendors/participants). If needed please utilize the Room Night Certification form to accurately reflect overnight stays in Pasco County.
4. How were the advertising, marketing, or public relations efforts tracked?
5. What was your total out-of-county marketing/advertising budget?
6. What were the results (i.e., how many people/media inquired about the event, where did they hear about it, etc.)?
7. What tourism or marketing recommendations do you have for the event in the future?

NOTE: This Post Event Report, including all relevant tear sheets and copies of the front and back of canceled checks with corresponding invoices, must accompany any request for reimbursement.

**PASCO COUNTY TOURIST DEVELOPMENT COUNCIL GRANT
FY 10/11 REQUEST FOR REIMBURSEMENT FORM**

NOTE: Please provide the original and one photocopy of the form and all supporting documentation. Incomplete requests will cause a delay in the reimbursement process.

EVENT NAME: _____
 ORGANIZATION: _____
 ADDRESS: _____
 CONTACT PERSON: _____
 PHONE: _____
 REPORT DATE: _____
 TDC FUNDS AVAILABLE FOR REIMBURSEMENT: \$ _____

ITEM	VENDOR NAME	TOTAL INVOICE AMOUNT	% OUT OF COUNTY (if applicable)	\$ AMOUNT OUT OF COUNTY EXPENSES	REQUESTED REIMBURSEMENT AMOUNT
TOTAL REQUESTED REIMBURSEMENT AMOUNT (must match or be less than initial award)					

NOTE: Furnishing false information may constitute a violation of applicable State and Federal laws.

I certify that the above data is correct based on this organization's official accounting system and records, consistently applied and maintained, and that the costs shown have been made for the purpose of, and in accordance with, the terms of the TDC funding application.

Signature: _____ Title: _____

Printed Name: _____ Date: _____

**THIS IS NOT AN INVOICE.
A SEPARATE INVOICE, ON YOUR ORGANIZATION'S LETTERHEAD,
MUST ACCOMPANY THIS FORM.**



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ROOM NIGHT CERTIFICATION

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 Pasco County for this event. Your internal correspondence or documentation on this Room Night Certification Form is critical for the event's receipt of grant funds.

Hotel/Location: _____

	TRACKED ROOM NIGHTS					
GROUP NAME						
EVENT/FESTIVAL NAME						
DATE						
PAID ROOM NIGHTS						
COMP ROOM NIGHTS						

Please provide any comments:

Hotel Representative

Signature: _____
I certify the organization/event listed above utilized the reported room nights.

Print Name: _____ Title: _____

Telephone _____ Email: _____

Your cooperation in completing this form is greatly appreciated. For additional information please contact Eric Keaton or Amy Ellis, Pasco County Office of Tourism Development at (727) 847-8129.