



APPLICATION

HIGHLANDS COUNTY TDC HIGH IMPACT SIGNATURE EVENT GRANT APPLICATION

Total Funding Event is Requesting of TDC: \$ _____
(\$ _____ for marketing expenses + \$ _____ for all other eligible expenses)

I. Applicant Information

1. Name of Applying Organization: _____
2. Complete address of Applying Organization: _____

3. Website for Applying Organization: _____
4. Social Media for Applying Organization: _____
5. Grant Contact
 - a. Name: _____
 - b. Title: _____
 - c. Phone: _____
 - d. Email: _____
6. If different from above, Name of Event Director/Coordinator (onsite Point of Contact):
 - a. Name: _____
 - b. Title: _____
 - c. Cell Phone: _____
 - d. Email: _____
7. Details about Applicant: (describe your business or organization)

II. Event Information

1. Name of Event: _____
2. Type of event: _____
3. If sport, Level of Event (ex. Youth 13U, Adult Amateur, Etc.) _____
4. If sport, is this event an elimination tournament? _____
5. Dates of Event: _____
6. Location of Event: _____
7. Event Website: _____
8. Event Social Media Handles/Pages: _____
9. Event Admission Price (if applicable): _____
10. Schedule of Event: (can provide in separate attachment/document if needed)

III. Event History & Economic Impact

1. Has this organization received funding from the TDC for any events in past? _____
 - a. If yes, please provide the following information:
 - i. Event Name: _____
 - ii. Event Dates: _____
 - iii. Room Nights Generated: _____
 - iv. Reimbursement from TDC: _____
2. Has this event been held in another destination prior to Highlands County? _____
 - a. If yes, please answer the following:
 - i. Previous Destination: _____
 - ii. Dates: _____
 - iii. Venue: _____
 - iv. Total Room Nights Generated: _____
 - v. Economic Impact (if available): _____
 - vi. List of funding from outside entities, like a TDC, with entity names and amounts: _____

3. Projected number of attendees: _____
4. Percentage or number of attendees from outside of Highlands County: _____
5. Guaranteed minimum number of paid room nights the Event will bring to Highlands County: _____
6. Please complete the table below.

Category	Type	# of Adult	# of Youth
Total # Expected Participants (includes competitors, coaches, trainers, officials, etc.)	Out-of-State		
	In-State & Staying Overnight		
	In-State & Day Tripping		
	Highlands County Residents		
Total # Expected Fans (family, friends, etc.)	Out-of-State		
	In-State & Staying Overnight		
	In-State & Day Tripping		
	Highlands County Residents		
Total # Expected Media	Out-of-State		
	In-State & Staying Overnight		
	In-State & Day Tripping		
	Highlands County Residents		

7. Beyond the Post-Event Report and Room Certification Forms required by the grant, how will you verify and document the attendees that traveled into Highlands County and stayed overnight? Are you willing to share your findings with the TDC?

IV. Event Budget Summary

EVENT REVENUE

This grant cannot be the sole source of revenue. Please list all Event revenue sources, types and amounts, including grants, sponsorships, registration fees, and in-kind services provided from public agencies, such as Police Department, Fire Rescue, etc. Please designate hard dollars versus in-kind.

Income Source & Type (i.e. Publix Sponsorship or Attendee Registration Fees)	Income Amount (or In-Kind Amount)
Visit Sebring/TDC Funding Request	+ \$
TOTAL INCOME ALL SOURCES	= \$

EVENT EXPENSES

Provide an itemized summary of all Event expenses, then indicate those which are intended use of TDC funds at the bottom of this page. Please be as detailed as possible, including intended media outlets, promotional materials, etc. and the dollar amount that will be expended (tentatively) for each category. This chart will reflect the total amount of the grant you have requested. Use additional sheets if necessary. Please refer to the list of Ineligible Expenses in the grant guidelines.

Expense Type (Facility Rental, Event Speakers, Signage, Insurance, etc.)	Expense Amount
Marketing Expenses (detailed marketing plan required)	\$
TOTAL EVENT EXPENSES	= \$
Intended Use of Tourist Development Tax Funds (provide details)	Amount
Marketing Expenses Eligible for Reimbursement	\$
TOTAL EXPENSES TO BE REIMBURSED BY TDC	= \$

Grant Application Checklist

Please initial next to each item and fill in the blanks below. This list must accompany your grant application.

Initials

_____ This application is being submitted at least four months (120 days) prior to the event start.

Date of Event: _____

Date of Application: _____

_____ I understand that the reimbursement request must be completed and submitted to the Tourism Office with all backup and supporting material no later than 60 days after the event ends, which will be on _____ (date 60 days after event ends).

_____ I have included an IRS **W-9 Form** and a **copy of the Florida Division of Corporations (or similar) form** with the application.

_____ I have included a detailed **Marketing Plan** for the Event and have reviewed the scoring rubric pertaining to the scoring of Marketing Plans for reimbursement eligibility.

_____ I have included a sample **Visitor/Attendee Survey** for the Event and will submit survey results to the Visit Sebring office no later than 60 days after the event takes place.

_____ I understand, if awarded the grant, the signee of the agreement between the County and my business/organization can only be an individual listed on the Florida Division of Corporations (or similar) as an Authorized Agent of the applying organization.

_____ I understand that someone representing this grant application must be available at the TDC meeting when it considers the application for funding or the application will not be considered.

_____ I understand that the "Visit Sebring" logo must appear in any print advertisements that are funded by the TDC. For digital ads, the "Visit Sebring" logo must either be featured on the advertisement or on website/landing page linked to the ad or the ad must link to the TDC's website, VisitSebring.com. **I will also use the #VisitSebring hashtag on social media posts related to this event.**

_____ I understand that no expenses incurred **before** the TDC recommends approval of the grant application will be reimbursed **under any circumstances**. I also understand that no funding has been approved until an authorized signee for the Board of County Commissioners (BOCC) approves execution of the Grant Contract and that no expenditures will be reimbursed if the BOCC designee does not approve execution of the Grant Contract.

- _____ I understand that reimbursements following the event will only be made for itemized, authorized expenses approved by the TDC, and authorized designee of the BOCC in the fully executed Grant Contract.
- _____ I agree that the funds I receive will **ONLY** be used in accordance with the eligible and ineligible uses of funds as listed in the grant policies and guidelines.
- _____ I understand each reimbursement request must include copies of paid invoices, screenshots of digital ads, copies of the ad/tear sheets, invoice for reimbursement amount to the Highlands County Board of County Commissioners, copy of front and back of cleared checks paying for advertising, and outreach figures identifying the number of people your ad reached outside Highlands County and inside Highlands County. I also understand cash receipts will not be accepted.
- _____ I understand that all approved expenses will only be reimbursed after the event is complete and all post event reporting is submitted to, then audited and verified by TDC staff. And I understand that reimbursement for funds tied to room night verification will only be provided at a rate of \$20/verified room night, or funds tied to attendees will only be provided at a rate of \$0.50/verified attendee.
- _____ I understand that I am required to submit a **Room Night Certification Form** from each participating hotel/accommodation to track the number of hotel room nights the Event produces in order to receive funding.
- _____ I understand that I can use the online **Visit Sebring Attendee Survey** as another method of capturing room nights generated by my event. I understand that only results submitted **within 10 days** of the completion of the event will be considered valid. I also understand that Visit Sebring will look at the higher results between the survey and the Room Night Certification Forms to award any reimbursement based on verified room nights.
- _____ I acknowledge that I am required to submit the **Post-Event Report Form** for the Event within 60 days after completion of event to receive payment.
- _____ I have reviewed the **Highlands County Special Event Permit Flow Chart** and will proceed with any required county permits. (Contact: Melony Culpepper; (863) 402-6638). I understand that this event may require a Highlands County Special Event Permit, and it is up to me to complete that permit request and pay the required permit fee.
- _____ I have reviewed and understand all insurance expectations required by the County and will provide the TDC office with all required Certificates of Insurance (COIs) naming "Highlands County" as additionally insured or proof of exemptions no later than 15 days before the event begins. If required, I will also provide the TDC office with a General Liability Certificate of Insurance (COI) naming "Florida Sports Foundation" as additionally insured no later than 15 days before the event begins.
- _____ I acknowledge that any material made or received by Highlands County in connection with my request for Event funding is a public record and subject to public inspection unless there is a legislatively created exemption that makes it confidential and not subject to disclosure. I acknowledge that I cannot dictate to Highlands County what

material is open to public inspection or the circumstances under which material is deemed confidential.

_____ I understand that as a requirement to receiving funding, I will execute a release to permit Highlands County to photo and/or record the Event and I must make Event invitees aware of this and make the signing of a release a requirement to participate in the Event.

_____ I understand that all funds received are subject to audit by the Highlands County Clerk of the Court – Internal Auditor or other representative as Highlands County may designate.

_____ I have reviewed and understand the scoring rubric pertaining to this grant.

_____ I have reviewed and understand **all** policies and guidelines pertaining to this grant.

Authorized Agent: _____

Title: _____

Date: _____

Authorized Agent Signature: _____