

Tourism Growth Reimbursement Request

Name of Event or Project:			
Name of Organization:		Address:	
Amount to Receive: <i>No more than 50% of E1 or more than amount awarded</i>		Event Date(s):	
Contact Name:		Title:	
Phone:		Email:	
Total Event Expenses:		Total Event Revenues:	
Total Event Attendance:		% Attendance from outside County:	
Check Recipient Name:			
Check Recipient Address:			

Year One or Two of Grant:	
Please explain your event in 3 - 5 sentences:	
Detail what new additions or enhancements we made with grant fund:	
Please share the success your event:	
Please share what you've learned from the event:	
Number in attendance and how measured:	
Number of overnight stays and how measured:	
How will you change this event next year? What is the date?	

Tourism Growth Program Budget

Revenue

This section is to provide information about what funding has been secured for the event, and revenues. Use additional pages, and attach ledgers if necessary.

(R1) **Event income from sales** \$ _____
Any income from ticket, advertising or exhibitor spots, etc.

Income from sponsorships and donations:
Any income from organizations or individuals in the form of sponsorships or donations – not including this CVB request.

Name of sponsor or donor	Amount of donation
1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____
4. _____	\$ _____
5. _____	\$ _____
6. _____	\$ _____
7. _____	\$ _____
8. _____	\$ _____

(R2) Total sponsorship and donations: \$ _____

(R3) **Total Income before CVB Grant** *(Add R1 and R2)* \$ _____

+

(R4) **Amount Requested from CVB** \$ _____

=

(R5) Total Revenue *(Add R3 and R4)* \$ _____

Expenses

This section is to provide information about how funds were spent. It should list only funds related to this particular addition or enhancement. Funding may not be used for administrative fees or salaries, alcohol or alcohol permits, raffle items, or prize money. Do not include marketing expenses if Co Op Advertising Grant was received. Matching funds may be comprised of up to 50% in-kind donations (at least 50% of the matching funds must be cash). Use additional pages, if necessary.

Item Description: <i>((Include where receipt is from and what is was used for i.e. John Smith, Speaker Fee))</i>	Cost:	In-Kind:
1. _____	\$ _____	_____
2. _____	\$ _____	_____
3. _____	\$ _____	_____
4. _____	\$ _____	_____
5. _____	\$ _____	_____
6. _____	\$ _____	_____
7. _____	\$ _____	_____
8. _____	\$ _____	_____
9. _____	\$ _____	_____
10. _____	\$ _____	_____
11. _____	\$ _____	_____
12. _____	\$ _____	_____
13. _____	\$ _____	_____
14. _____	\$ _____	_____
15. _____	\$ _____	_____

(E1)	Total Expenses	\$ _____
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Reminder: This grant is for 50% matching funds. To receive the full amount of requested funds from the CVB, the Total Expense above must equal twice the amount requested.

Net Revenue

(B1)	Total Projected Revenue (R5)	\$ _____
		-
(B2)	Total Projected Expenses (E1)	\$ _____
		=

Net Revenue (Subtract B1 from B2)	\$ _____
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Signature: _____ **Title:** _____ **Date:** _____

An electronic signature above signifies that this document is complete, and all information within is accurate.

Return Completed Reimbursement Request to: Hancock County Convention & Visitors Bureau, Attn: Tourism Growth
123 East Main Cross, Findlay, Ohio 45840, **FAX:** 419.422.9508 or **EMAIL:** info@visitfindlay.com.

Note: Completed request must be submitted no later than 60 days after the end of the event.

A complete request consists of: Completed request form, Copies of proof of expenditures, Original artwork or photographs of VisitFindlay logo featured in promotional materials. **Questions?** Contact the CVB at 419.422.3315, or email info@VisitFindlay.com.