



Visit  
*Tallahassee*

*Pretty. Unexpected.*

Leon County Division of Tourism  
**2024 Special Bicentennial  
Tourism Event Grant  
Implementation Workshop**

# Tourism Grant Timeline

| <b>Process</b>                            | <b>Date</b>   |
|---|---|
| Grant Funding Agreements Sent to Grantees | In Process  |
| Complete Post Event Report                | Approximately 2 weeks after event                     |
| <b>Funds Sent to Grantee</b>              | Following approval of completion of Post Event Report |

# Grant Funding Agreement



- The Grant Funding Agreements are being sent via DocuSign.
- The Grant Funding Agreement must be signed by the authorized signatory as listed in Sunbiz in order to receive funding.



# Grant Information is Located at VisitTallahassee.com/Grants

Support materials available  
for download:

- Event/Marketing Promotional Tool-Kit
- Visitor Tracking Form
- Visitor Tracking Survey
- Visit Tallahassee Logos



# Post Event Report Checklist

- **Invoice** - An invoice from the organization to Leon County Tourist Development Council c/o Visit Tallahassee for payment of awarded grant amount.
- **Invoice Expenses** - Valid invoice(s) for allowable expenses.
- **Proof of Payment** - Copy of proof of payments.
- **Visitor Documentation** - Number of visitors calculated with backup documentation
- **Room Nights Documentation** - Number of room nights tracked with backup documentation
- **Marketing Materials** - Copies of marketing or advertising materials, websites, emails, newsletters, or on-site event marketing *showing the Leon County/Visit Tallahassee combined logo and Bicentennial logo*



# Expenses

## Allowable Expenses:

- Promotion, marketing and paid advertising/media buys that reach outside Tallahassee/Leon County with potential to drive overnight visitation.
- Event production and technical expenses, site fees/costs (contract help, rentals, insurance) rights fees, sanction fees, non-monetary awards and travel expenses including lodging.

## Unallowable Expenses:

- General and administrative expenses,
- Building, renovating and/or remodeling expenses,
- Permanent equipment purchases,
- Debts incurred prior to grant requests,
- Hospitality or social functions,
- Advertising that primarily reaches only Tallahassee/Leon County and its residents.
- Sleeping room expenses for attendees





# Visitor & Room Night Tracking

 Leon County Division of Tourism / Visit Tallahassee  
Visitor Tracking Survey
 

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EVENT NAME:

Hi, my name is  and we are taking a short survey about (EVENT NAME). I would like to ask you 4-5 questions that only take a minute.

QUESTION 1: Where do you live?

City:  State:  Zipcode:

QUESTION 2: Including yourself, how many people are in your travel party?

# of People:

QUESTION 3: Are you (or your party) staying in a local hotel or homeshare property (ie, AirBnB, VRBO), if so which one?

Hotel Name:

QUESTION 4: How many rooms did you have in your travel party?

# of Rooms:

QUESTION 5: How many nights did you spend in hotels?

# of Nights:  *For interviewer Only* # of Room Nights:  Calculate total room nights by multiplying the number of rooms by the number of nights.

OPTIONAL: Would you like to receive more information about events and activities in Tallahassee? If so, print your email address below:

Email Address:

 Leon County Division of Tourism / Visit Tallahassee  
Visitor Tracking Form
 

| EVENT PARTICIPANT/GROUP | HOTEL | # OF ROOMS | # OF NIGHTS | # GUESTS PER ROOM |
|-------------------------|-------|------------|-------------|-------------------|
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| TOTAL:                  |       | # OF ROOMS | # OF NIGHTS | # GUESTS PER ROOM |

[VisitTallahassee.com/Grants](https://www.VisitTallahassee.com/Grants)

- Sample Visitor survey and tracking forms



# Marketing Planning



Leon County Division of Tourism / Visit Tallahassee  
Sample Event Marketing Budget

| EVENT NAME   | Family Fun Event  | EVENT DATES      | April 1-3, 2021 |
|--------------|---|------------------|-----------------|
| MEDIA TYPE   | DESCRIPTION   | RUN DATES        | COST (NET)      |
| Billboard    | 10' x 30' billboard in Pensacola on I-10                    | March 15 – 30    | \$ 3,500.00     |
| Social Media | Boosted event posting on Facebook to Orlando area families. | Feb. 1 – April 1 | \$ 750.00       |
| Radio        | 100 commercials on WXYZ (101.1 FM) in Jacksonville          | Feb. 1 – April 1 | \$ 2,750.00     |
|              |   |                  |                 |
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| TOTAL SPEND: |   |                  | \$ 7,000.00     |

[VisitTallahassee.com/Grants](http://VisitTallahassee.com/Grants)

- Sample Event Marketing Budget



# Approved Logo Use



*Visit*  
**Tallahassee**  
*Pretty. Unexpected.*

*Visit*  
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*Pretty. Unexpected.*

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The Leon County/Visit Tallahassee logo must be included on all printed and online advertisements and promotional materials for the event. A draft or design proof **MUST BE SUBMITTED AND APPROVED** by the Leon County Division of Tourism / Visit Tallahassee.



# Bicentennial Logo Use




This year, the Bicentennial logo should be included on all printed and online advertisements and promotional materials for the event. A draft or design proof **MUST BE SUBMITTED AND APPROVED** by the Leon County Division of Tourism / Visit Tallahassee.

# Substitute for W-9 /Direct Deposit

BOARD OF COUNTY COMMISSIONERS LEON COUNTY  
SUBSTITUTE FORM W-9  
REQUEST FOR TAXPAYER IDENTIFICATION NUMBER AND CERTIFICATION

MAIL COMPLETED FORM AND DOCUMENTS TO:  
CLERK OF CIRCUIT COURT & COMPTROLLER LEON COUNTY 301 S. Monroe Street #100 Tallahassee FL32301  
PLEASE REFER TO FORM W9 INSTRUCTIONS FOR MORE INFORMATION

SECTION 501(c)(3)  
IRS: SUBMIT  
FORM TO  
REQUESTING  
AGENCY  
FD-942016



**PART I: VENDOR INFORMATION**

1. Legal Business Name (As it appears on the IRS Income Tax return IRS EIN records, CPYS, 147C - or - Social Security Administration records, Social Security Card, certified Form SSA702B) \_\_\_\_\_

2. If you use a DBA/Trade Name, please list below: \_\_\_\_\_

3. Entity Type (Check only one).

Individual / Sole Proprietor or single-member LLC  
 C Corporation  
 S Corporation  
 Partnership  
 Trust/estate

Government (Local, State, Federal)  
 Tax-Exempt organization under IRC Section 501 C \_\_\_\_\_  
 Limited liability company. Enter tax classification (C=Corporation, S=S corporation, P=partnership) \_\_\_\_\_

4. 1099 Reporting: Services provided to the Board of County Commissioners Leon County by vendor, if not applicable skip:

Health care or medical service  
 Legal or attorney services  
 Rental of Real Property

Royalties  
 Other \_\_\_\_\_

**PART II: TAXPAYER IDENTIFICATION NUMBER (TIN) & TAXPAYER IDENTIFICATION TYPE**

1. Enter your TIN here (DO NOT USE DASHES) \_\_\_\_\_

2. Taxpayer Identification Type (check appropriate box):

Employer ID No. (EIN)  Social Security No. (SSN)  N/A (Non-United States Business Entity)

**PART III: ADDRESS**

1. Address:

Address Line #1 \_\_\_\_\_  
Address Line #2 \_\_\_\_\_  
Address Line #3 \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip + 4 Code \_\_\_\_\_

2. Remittance Address, IF DIFFERENT:

Address Line #1 \_\_\_\_\_  
Address Line #2 \_\_\_\_\_  
Address Line #3 \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip + 4 Code \_\_\_\_\_

**PART IV: CERTIFICATION**

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct tax payer identification number (or I am waiting for a number to be issued to me), AND

2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, AND

3. I am a U.S. Citizen or other U.S. person.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding

Printed Name \_\_\_\_\_ Printed Title \_\_\_\_\_ Telephone Number \_\_\_\_\_  
Signature \_\_\_\_\_ Email \_\_\_\_\_ Date (mm/dd/yyyy) \_\_\_\_\_

**PART V: DIRECT DEPOSIT (ACH) This is the County's preferred payment method**

Warning: The Board of County Commissioners Leon County will not process International ACH Transactions (IAT). If any payment to you from the County will ever result in an IAT under National Automated Clearing House Association (NACHA) operating rules or if you are not sure if the rules apply to you DO NOT FILL OUT THIS SECTION OF THE FORM. Please provide a copy of a voided check or letter from bank confirming information indicated above.

Include a voided check or letter from financial institution if requesting ACH payments

Type of Account  Checking  Savings

I acknowledge the IAT warning and authorize the Board of County Commissioners Leon County to initiate direct deposit of funds to the account and financial institution indicated, and to recover funds deposited in error if necessary in compliance with NACHA regulations.

Signature \_\_\_\_\_ Printed Name \_\_\_\_\_

**PART VI: OFFICE USE ONLY**

OFFICIAL / POC USE ONLY

BUSINESS UNIT \_\_\_\_\_ DATE (mm/dd/yyyy) \_\_\_\_\_ PHONE NO. \_\_\_\_\_  
POC (Print name) \_\_\_\_\_ POC Initials \_\_\_\_\_

CLERK OF COURT FINANCE DEPARTMENT USE ONLY

VisitTallahassee.com/Grants  
Forms & Resources  
Substitute W-9 Form

Send completed forms to  
Wendy.Halleck@VisitTallahassee.com



Questions?  
THANK YOU!



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