CLALLAM COUNTY TOURISM ENHANCEMENT GRANT 2023
GRANT RECAP AND REIMBURSEMENT REQUEST FORM

The 2023 Grant Reimbursement Request must be completed and turned in to our office within 45 days following completion of the project/event.

Project/Event _____________________________________________________

Project/Event Director ____________________________________________ Phone ______________________

Completion Date of Project/Event ______________________________________

Submitting Organization Name ____________________________________________

Submitting Organization Address ____________________________________________

To whom should checks be made out to within your organization? _______________________________

Please Circle One: Full or Partial Reimbursement

Amount of Approved Grant Request ____________________________________________

Amount of this Reimbursement Request ____________________________________________

Include the following information:
1. Director’s narrative up to 500 words of the event/project detail, process, and evaluation.
2. Final Project/Event Budget including income and expenses.
3. In compliance with ESHB 1253 (Washington Law, 2013): The Grant Reimbursement Request needs to be completed and turned in within 45 days following completion of the project/event.

Recap must include:
- Overview of project or event budget, including revenues/expenses
- Descriptions of how the event/project increased overnight stays by providing the following to the best of your ability:
  1. Number of attendees/participants (overall, see third page)
  2. Number of tourists who traveled more than 50 miles for the event/activity.
  3. Number of overnight tourists who stayed in paid accommodations.
  4. Number of overnight tourists who stayed in non-paid accommodations (i.e., stayed with friends or family)
  5. Number of attendees/participants from another country or state
  6. Number of paid lodging room nights generated from the event/activity.
  7. Descriptions of the methodology used to determine all calculations.
• Did you receive grant funds from other entities? If not, please note N/A.
• If so, please list below:

<table>
<thead>
<tr>
<th>Organization</th>
<th>Amount Billed</th>
<th>Contact Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Attach another sheet with information if necessary.*

• Include all documentation of expenses:

1. **Facility**
   - Description of expenses
   - Invoice/payment receipt

2. **For all other expenses**
   - Description of expenses
   - Copies of material, if applicable

3. **Ads - Print/Radio**
   - Publication name/radio station(s)
   - Date of publication
   - Copy of ad (or if radio, an audio email) sent to info@olympicpeninsula.org or script of radio advertisement.
   - Invoice/Payment receipt

4. **Print Material**
   - Type of print material
   - Copy of material
   - Invoice/payment receipt

   o Distribution details
   o Distribution schedule

5. **Web Site(s)**
   - URL
   - Copy of page(s) including lodging link and information
   - Invoice/payment receipt

6. **Facility**
   - Description of expenses
   - Invoice/payment receipt

7. **For all other expenses**
   - Description of expenses
   - Copies of material, if applicable
   - Distribution
   - Invoice/payment receipts

Please confirm by checking the box/s:

☐ These expenses have been reviewed and are in accordance with the criteria and conditions of the Tourism Enhancement Grant awarded this project/event.

☐ The project/event as named above has been completed.

Signature – Project/Event Director ____________________________

Date ____________________________

Mail/deliver completed submission form and receipts to:
OPVB, PO Box 670, Port Angeles, WA 98362. (618 S. Peabody St. Suite F, Port Angeles, WA 98362)
Call the OPVB office at 360-452-8552 or email director@olympicpeninsula.org with any questions.
State law governing the distribution of lodging tax funds requires they be used primarily to encourage visitors from out of the area. Annual reporting is required of all granting municipalities. Please just do your best.

<table>
<thead>
<tr>
<th>As a direct result of your proposed tourism-related service, please provide:</th>
<th>2022 Actual If available</th>
<th>2023 Estimate</th>
<th>2023 Actual (Post-Event/Activity)</th>
<th>Method Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Overall Attendance</strong> at your event/activity/facility</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of people who <strong>travel more than 50 miles</strong> for your event/activity/facility</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of people who travel more than 50 miles. <strong>From Out of State/ Out of Country</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of people who travel more than 50 miles and <strong>stay in PAID overnight lodging in Clallam County</strong>.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of people that <strong>did not pay</strong> for overnight lodging.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The number of <strong>paid lodging nights</strong>.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Methods: Direct Count, Indirect Count, Representative Survey, Informal Survey, Structured Estimate, Other, N/A