

Olympic Peninsula Visitor Bureau PO Box 670 • 618 S. Peabody St. Suite F Port Angeles, WA 98362 360-452-8552 • director@OlympicPeninsula.org

CLALLAM COUNTY TOURISM ENHANCEMENT GRANT 2024 GRANT RECAP AND REIMBURSEMENT REQUEST FORM

The 2024 Grant Reimbursement Request must be completed and turned in to our office within <u>45 days</u> 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 <u>Approved</u> 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:

Organization	Amount Billed	Contact Information
1.		
2.		
3.		
4.		

Attach another sheet with information if necessary.

•	Include	all	documentation	of	expenses:
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1.	Eas	cility	
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- 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
- Distribution schedule

5. Web Site(s)

- o 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
- o 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 Touenhancement Grant awarded this project/event.					
\Box 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 <u>director@olympicpeninsula.org</u> with any questions.

2024 Tourism- Impact Estimates Attendance Information

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 and OPVB must report this information to Clallam County. It is acknowledged that, given the nature of certain projects, there may not be an easy method to determine some of the data required. The grant recipient may need to estimate to the best of their ability. **Please use this form for reporting** and simply do your best to provide the most accurate or best estimates possible.

As a direct result of your proposed tourism-related service, please provide:	2023 Actual If available	2024 Estimate	2024 Actual (Post-Event/Activity)	Method Explanation
Overall Attendance at your event/activity/facility				
Number of people who travel more than 50 miles for your event/activity/facility				
Number of people who travel more than 50 miles. From Out of State/ Out of Country				
Number of people who travel more than 50 miles and stay in PAID overnight lodging in Clallam County.				
Number of people that did not pay for overnight lodging.				
The number of paid lodging nights.				

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

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