



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 2025
GRANT RECAP AND REIMBURSEMENT REQUEST FORM**

The 2025 Grant Reimbursement Request must be completed and returned 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:**

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

Attach another sheet with information if necessary.

- **Include all documentation of expenses:**

1. Facility

- o Description of expenses
- o Invoice/payment receipt

2. For all other expenses

- o Description of expenses
- o Copies of material, if applicable

3. Ads - Print/Radio

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

4. Print Material

- o Type of print material
- o Copy of material
- o Invoice/payment receipt

- o Distribution details
- o Distribution schedule

5. Web Site(s)

- o URL
- o Copy of page(s) including lodging link and information
- o Invoice/payment receipt

6. Facility

- o Description of expenses
- o Invoice/payment receipt

7. For all other expenses

- o Description of expenses
- o Copies of material, if applicable
- o Distribution
- o 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.