



Room Night Generating Events

Funding Program Guidelines & Application

AUTHORIZATION HISTORY

The Ocala/Marion County Visitors and Convention Bureau (OMCVCB), leads and supports the tourism industry in Marion County by providing the highest quality and most innovative marketing programs and promotions to ensure the continued growth of tourism. The OMCVCB's objective and purpose of these Room Night Generating Events - Funding Program Guidelines (these "Guidelines") is to position Marion County as a must-experience destination in Florida through quality events and initiatives supported by the OMCVCB funding program (the "Program"). The OMCVCB recognizes events are a major contributor to the overall tourism economy. In order to develop event related tourism, the OMCVCB has put in place these Funding Program Guidelines for events seeking funding.

The Florida State Legislature enacted the Local Option Tourist Development Act (Section 125.0104, Florida Statutes) in response to the growing need of Florida counties to provide additional revenue sources for tourist development in an effort to stimulate the local economy. The Marion County Tourist Development Council (TDC) was created pursuant to Marion County Resolution 04-R-44, as a result of the 2004 passage of the 2% Tourist Development Tax (TDT) and subsequent passage of an additional 2% TDT in 2015, and operates in accordance with Florida State Statute 125.0104. The Tourist Development Tax Revenues are designated to promote Ocala/Marion County as a preferred visitor destination.

All requests for funds from organizers (Applicants) seeking to host an event (Event) must be reviewed and approved by OMCVCB Staff, the Tourist Development Council (TDC), and Marion County Board of County Commissioners (MCBCC). Once an approved funding amount has been allocated, funds will not be disbursed until after the Event has been completed and a post-event economic impact report has been produced and timely submitted to the OMCVCB for final review and confirmation and all post-event paperwork is accurate and complete.

The number and extent of these funds will be dependent upon the Tourist Development annual budget allocation for these purposes. Ideally, the funds allocated by the TDC will eventually be returned through an increase in transient lodging sales and the tourist development tax generated from those sales.

ROOM NIGHT GENERATING EVENT FUNDING CRITERIA - STATEMENT OF POLICIES

Funding will be provided in direct correlation for room nights generated and subject to a specified maximum award. For each verified room night, a **\$14 rebate** will be eligible to the Event planner. Any Event that produces less than 50 verified room nights will not be eligible.

Additionally, reimbursement amounts will be capped at the figure requested on the application and approved by the Marion County Board of County Commissioners. No amounts will be increased retroactively.

The maximum funding for any Event by this Program is not intended to exceed \$25,000. However, should extraordinary circumstance exist, a request for a higher amount will be evaluated on a case-by-case basis, but will follow the same requirements for consideration and recommendation to the Marion County Board of County Commissioners for final approval.

- A. Incomplete applications will not be considered. Not applicable or N/A should be marked if needed.
- B. Funding is not intended to support administrative costs or non-public Events. Funding is intended to support marketing and promotional efforts, production/operational expenses and venue/site rentals and costs associated with publicly-owned facilities (see eligible and ineligible use of funds list on pages 5 and 6).
- C. Convention, Corporate, Sports, Tradeshow, Wedding and/or Festival events are considered examples of eligible events. Applicants will be evaluated for funding on an individual basis based on qualifying criteria.
- D. Accommodations secured for the Event must be located within Marion County.
- E. Funding shall be provided as reimbursement for approved actual expenditures upon completion of the Event. Proof of payment must be provided and may be submitted in the form of a vendor receipt, front and back copy of cleared check, or credit card statement. Cash receipts can be accepted for reimbursements; however, Applicant is strongly encouraged to use a more trackable payment method. Written confirmation from a vendor that an expenditure has been paid in full is necessary only if a copy of the front of the cleared check is provided. Written confirmation from a vendor will be necessary if cash was accepted as payment.
- F. In order to assess the impact of each Event on the Ocala/Marion County transient lodging industry, the OMCVCB requires the tracking of the number of overnight visitors attending the Event. Following the Event, the OMCVCB reserves the right to conduct an audit of information presented for each funded Event. All lodging accommodations listed by an Applicant may be contacted to confirm the number of room nights generated for the Event. Failure to track rooms and/or visitors will void eligibility for any post-Event funding.
- G. For the purpose of calculating creditable overnight stays, only rooms subject to Tourist Development Tax shall be included, i.e., rooms exempt from payment of tax or provided on a complimentary (free of charge) basis shall be excluded from the calculation. Exceptions to this condition will be made on a case by case basis and require contractual specific language to be approved by the Tourist Development Council.
- H. Any funds granted will be subject to audit by the Marion County Clerk of the Court – Internal Auditor or other representative the County may designate. Any expenditure deemed ineligible as a result of an audit shall be repaid by Applicant to the OMCVCB within 60 days of written demand.
- I. Applicant shall provide proof of insurance to County obtained with a company or companies authorized to do business in the State of Florida with an A.M. Best Company rating of at least A- (A minus). A \$1,000,000 Commercial General Liability Insurance Policy is required for the Event along with “Marion County, a political subdivision of the State of Florida, its officials, employees, and volunteers” being named as an Additional Insured on the policy. The term of coverage must include not only all days of the Event, but set up days and take down days as well.
- J. Recognition of the OMCVCB must be included where appropriate on all printed material and Applicant’s website and referred to in public relations activities. A camera-ready logo will be

- provided upon request and is available on Ocalamarion.com. All printed materials with the logo block must be presented with the reimbursement request.
- K. Upon approval of funds, Applicant must provide, if applicable, 20 tickets for promotional use, as well as media passes for use by OMCVCB staff to attend and cover the Event for Marion County's marketing and public relations purposes.
 - L. Applicant is to have only one designated contact (Designee) for the duration of the funding process. Designee is responsible for turning in all application documents, as well as follow up paperwork needed prior to the Event.
 - a. The Designee will be responsible for executing the funding contract and providing a W-9 for Applicant. Funds will be released only to Designee upon completion of post-Event documentation and room night certification. Should Designee change at any point during the process, written notification to the OMCVCB office is required. Failure to provide notification will delay or disqualify the ability to receive reimbursement.
 - M. Should Applicant receive funding from Marion County, Applicant will be required to execute its Event in full compliance with all applicable Federal, State and local laws and regulations. A successful Applicant will be required to expressly certify to this compliance in a written funding contract and to be responsible for such compliance by any subcontractor. Full compliance with Florida law includes, but is not limited to, obtaining any necessary permits and possessing a certificate of authority issued by the Florida Department of State should the Applicant be deemed "transacting business" within the State by virtue of Applicant's Event. Marion County cannot provide Applicant legal advice in this regard and it is strongly recommended that any Applicant consult its attorney before requesting funding.
 - N. If any details (date, time, name of event, etc.) change prior to the Event execution, a letter must be sent to the OMCVCB office advising of the changes. Date changes require a vote of approval by the TDC and must be submitted in writing on Applicant's letterhead. Same will be reviewed and approved by the TDC in order for funding to remain eligible.
 - O. **Applicant must meet with a representative of the Ocala/Marion County Visitors & Convention Bureau (via phone or in person) prior to submitting an application.**
 - P. The application is available online at www.ocalamarion.com/partners/submit-funding-request/.
 - Q. Please contact (352) 438-2800 or email sales@marionfl.org for an application and/or to set an appointment.
 - R. Applicant is required to grant Marion County and all of its agents, the right to use and reproduce any and all photographs, digital images, videotapes or recordings made at or made in relation to the Event, including those of Applicant's employees, volunteers, invitees, and those that contain Applicant's name, artwork, logo or trademark, for use by Marion County, and the right to copyright and/or use, reuse and/or publish, republish photographic pictures, digital images, videotapes or recordings. Applicant must affirm that it is the legal owner of any artwork, logo or trademark used by Applicant and acknowledge that Marion County is relying on this representation and to the extent there is any claim by any third party against Marion County, Applicant will indemnify and hold Marion County harmless as to any such claim for damages arising from such claim. Applicant is required to grant Marion County permission for the photographs, digital images, videotapes, or recordings to be used in their entirety and/or edited versions as deemed necessary by Marion County. Applicant must understand these items will become the property of Marion County and all rights to inspect or approve as well as any royalties or other such compensation are waived. Applicant further grants Marion County permission for the photographs, digital images, videotapes or recordings to be used by Marion County at any time in the future without notice being provided and that Marion County's use may include for trade, commercial and advertising purposes, to promote the product or service of Marion County, and to simply report happenings in Marion County, and may include the use of items on Marion County websites. Applicant must make its invitees aware of Marion County's intentions in this regard and make a release a requirement to participate in the Event.

- S. The OMCVCB may also request a “testimonial” for use on its website (ocalamarion.com) as a condition of reimbursement.

APPLICATION DEADLINE AND GUIDELINES

One application will be accepted per Room Generating Event. The application **must be completely filled out**. Not Applicable or N/A should be marked if needed. Completed applications will be date stamped and added to the TDC agenda in the order that they are received. If approved by the TDC, the application will then be presented to the Marion County Board of County Commissioners for final approval.

ALL FUNDING RECOMMENDATIONS REQUIRE FINAL APPROVAL BY THE MARION COUNTY BOARD OF COUNTY COMMISSIONERS.

The application is available as a fillable version at:

www.ocalamarion.com/partners/submit-funding-request/

You may also mail or hand deliver the application to:

Ocala/Marion County Visitors and Convention Bureau
Attn: Sales Team
109 West Silver Springs Boulevard
Ocala, FL 34475

The Designee, Event director, fiscal administrator or other contact person may be called upon by OMCVCB staff at any time during the review process. TDC meetings are held on the fourth Thursday of each month (unless otherwise noticed). Applicants are strongly encouraged, if possible, to attend the meeting for which its application is scheduled for review. This will be the only opportunity to speak directly to the TDC in regards to the Event application. Attending the meeting is NOT requirement to receive funding but is highly recommended.

REIMBURSEMENT/ACCOUNTABILITY

- Within 60 days after the completion of the Event, Applicant must submit:
 - Eligible reimbursable expenses (with proof of payment and copy of event collateral displaying approved logo block).
 - Invoice for TDC/BCC approved funds (addressed to **Ocala Marion/County Visitors and Convention Bureau**) and all supporting reimbursement documentation.
 - All hotel room nights generated by the event. This includes all staff, competitors, volunteers, spectators, officials, etc. that stayed in paid accommodations. At least 75% of the rooms need to be verified directly by a hotel, motel, RV Park, campground, or vacation rental. 25% percent of the rooms can be self-verified.
- The OMCVCB will, at its discretion, conduct audits to review accuracy of attendance and room nights reported in reimbursement requests.

Incomplete reimbursement requests will not be considered. A request for an extension of the 60-day deadline must be provided in writing to OMCVCB staff and may require specific additional action on the part of the TDC.

ELIGIBLE USE OF FUNDS

The following is a list of how Tourist Development Funds are to be used to promote tourism for Marion County.

1. Promotional/Marketing Expense

- A. Promotional expenses in conjunction with the room night generating Event to increase participation and bring out-of-county visitors that will stay in overnight accommodations and generate Tourist Development Tax within Ocala/Marion County as a result of the room night generating Event.
- B. Advertising and publicity outside of the Marion County area to increase participation, attendance and awareness of the room night generating Event and generate hotel room nights:
 - Print
 - Radio
 - Online/Social Media Advertising
 - Television Advertisements
 - Outdoor Signage/Banners
 - Poster/Flyers/Brochures
 - Media Events
 - Direct Mail
 - Event Banners
 - Printing Collateral
 - Live-Streaming production expenses of the Event.
- C. Artwork-Graphic Design - The OMCVCB logo block and name inclusive on all digital and printed material associated with the room night generating Event and listed as a sponsor of the room night generating Event including t-shirts, room night generating Event merchandise, and or give away items.

2. Operational Expense

Operational expenses are attributed purely to the development/production of the room night generating Event that specifically targets and promotes out-of-county visitors to come to Marion County.

- A. Bid Fee (Must be considered an authorized use as determined by the Florida State Statute 125.0104);
- B. Rental fees for publicly-owned event venues/facilities.
- C. Event specific rental items.
- D. Room night generating Event related judges, officials, or umpires.
- E. Additional necessary operational expenses, as approved per Florida State Statute 125.0104, and indicated in the final motion to approve funding.

INELIGIBLE USES OF FUNDS

FUNDS MAY NOT BE USED FOR:

1. Prize money, scholarships, awards, plaques, trophies, certificates;
2. Privately-owned event venues/facilities.
3. T-shirts that do not include the Ocala/Marion County Visitors and Convention Bureau logo block;
4. Any and all travel expenses. (Includes, but is not limited to, car rental fees, airline tickets, hotels, food, luggage fees, etc.);
5. Private entertainment, food, beverages, or any type of concession;
6. Annual operating expenditures;
7. Legal, engineering, accounting, auditing, planning, feasibility studies or other consulting services;
8. Employee salaries;
9. Real property or capital improvements to facilities;
10. Tangible personal property including but not limited to items reusable outside of the Event operations such as clipboards, radios, office furnishings, or equipment;
11. Interest or reduction of deficits and loans;
12. Expenses incurred or obligated prior to or after the grant for the room night generating Event period;
13. Advertising and promotional materials distributed at the room night generating Event site or after the Event;
14. Receptions or social functions other than those specifically designed for pre-event media promotional purposes;
15. Sales tax;
16. Website design not specific to the room night generating Event; and
17. Ongoing or annual facility maintenance;
18. Items required or services offered by the rented facility that are not expended or consumed by the Event.
19. The provision of regular or additional law enforcement protection at the Event/room night generating Event/Room Night Generating Event.

RFP DISTRIBUTION AND ROOM NIGHT TRACKING

At least 75% of all room nights must be verified by a lodging partner (hotel, motel, RV park, campground, vacation rental, etc.) using the Room Night Certification Form (page 8). Applicant is strongly encouraged to conduct its own room night surveys as an additional step to verifying room nights. Obtaining zip codes is recommended to show the geographic location and estimated distance traveled by all participants. This will be crucial to help determine the total number of rooms nights generated by the room night generating event. A minimum of 50 room nights will need to be verified in order to be eligible to receive any funding.

For all Events that are funded by the OMCVCB, the following procedure must take place to secure hotel accommodations:

1. Applicant must include the OMCVCB logo block and link www.ocalamarion.com on the room night generating Event website (if applicable).
2. If a host or overflow hotel has been identified, it must be disclosed in this application. If a no host or overflow hotel has been identified, a hotel Request for Proposal (RFP) can be sent out via the OMCVCB office in order to secure hotel rooms for the room night generating Event. This process provides Applicant an opportunity to secure the best possible rate for the host hotel and/or overflow hotels.
3. When Applicant has selected the participating hotel or hotels, Applicant must notify the OMCVCB so all of the hotels that originally submitted a lead will be informed of Applicant's decision. **It is up to Applicant to set up a tracking code or system so that the hotel front desk and sales staff can track and document all Event related room nights.**
4. Applicant may list as many, or as few, "participating hotels" on the Event website, and may post as much information, including pictures, amenities, etc. for these hotels as they choose as long as the listed hotels on the Event website are located in Marion County.
5. Applicant may utilize a third-party housing provider for accommodations as long as the selected accommodators are within Marion County. Applicant may not list hotels outside of Marion County unless it receives prior special written permission from the OMCVCB. (Example – Marion County hotels may not meet the demand of the room night generating Event so overflow hotels outside of the County could be considered necessary to accommodate participants).
6. After the awarded room night generating Event, Room nights are required to be verified by the accommodators using the Room Night Certification Form (page 8). This form needs to be filled out and signed by an authorized representative of the lodging partner.
 - a. An alternative verification methods will be considered but the Certification Form is preferred.

Copies of the following items should be attached to your application:

- List of Applicant's current Officers and/or Board members (if available)
- Applicant's W-9 tax form for post-event reimbursement
- Overall marketing plan for the room night generating Event (if applicable)



ROOM NIGHT CERTIFICATION FORM

Attention: Hotel/Property Representative

The Event, _____, was awarded Funding through the Ocala/Marion County Visitors & Convention Bureau to help in the advancement of bringing additional economic impact through tourism into our community.

The purpose of this form is to certify the number of room nights in Marion County that were attributable to this Event.

Hotel/Property Name: _____

DATES	
TOTAL PAID ROOM NIGHTS	

Hotel/Property Representatives Signature

I certify that Event listed above consumed the reported room nights.

The OMCVCB reserves the right to unilaterally reduce the maximum amount of reimbursement should Applicant's room night guarantee not be satisfied or documented with this Room Night Certification Form. This SIGNED form must be completed and returned before final payment is made to Applicant.

OCALA/MARION COUNTY VISITORS AND CONVENTION BUREAU

ROOM NIGHT GENERATING EVENTS FUNDING REQUEST APPLICATION

I. General Information

1. Name of Organization:
2. Official Name of Organization as listed on W-9:
3. Organization's Principal Address:
4. Organization's Chief Officer:
 - a. Email:
 - b. Phone number:
5. Name of room night generating Event:
6. Event's Website (if applicable):
7. Event's Social Media Handles (if applicable):
 - a. Facebook:
 - b. Twitter:
 - c. Instagram:
 - d. YouTube:
 - e. Other:
8. Organization's Event Director (if different from above):
 - a. Title:
 - b. Email:
 - c. Phone number:
9. Requested amount of funding for the Event:
10. List below intended use of funds (please refer guidelines for eligible/ineligible uses):

II. Description of Event:

III. Event Specific Information

1. Event Name:
2. Type of Event: (circle one)
 - a. Sports
 - b. Convention
 - c. Tradeshow
 - d. Business Meeting
 - e. Festival
3. Dates of Event:
4. Location of room night generating Event:
5. Total Projected Number of Participants:
 - a. Local:
 - b. Out-of-town:
6. Total Projected Number of Spectators Per Day:
 - a. Local:
 - b. Out-of-town:
7. Total Projected Number of Media, Staff, Officials, Volunteers, etc.:
 - a. Local:
 - b. Out-of-Town:
8. Event Promoter (if other than Applicant):
 - a. Company Name:
 - b. Address:
 - c. Contact Information:
9. Admission Price (if applicable):
10. What is the anticipated number of room nights you expect to generate for this room night generating Event?
11. Provide the previous year's room night generating Event information (if applicable):
 - a. Dates:
 - b. Location:
 - c. Total achieved Room Nights:
 - d. Has the event received funding from the TDC?
 - i. If so, in what year and in what amount?

EVENT BUDGET SUMMARY

Income Sources (TOTAL Sponsorship):

Tourist Development Council Request:

The Program cannot be the Event's sole source of income. Please list all the room night generating Events income [include any in-kind services provided from public agencies (i.e. Ocala Police Department, Marion County Fire Rescue, etc.)].

Income Source Type	Income Amount
TOTAL ADDITIONAL INCOME	\$
TOTAL INCOME ALL SOURCES	\$

EVENT EXPENSES

Provide an itemized summary indicating the intended use of TDC funds at the bottom of this page. Please be as detailed as possible, including intended publications, promotional materials, etc. and the dollar amount that will be expended (tentatively) for each category. This is the total amount of the you have requested. Use additional sheets if necessary.

TOTAL EXPENSES - Please list all projected expenses, not including TDC Funds.	Expense Amount
Expense Type	
TOTAL EXPENSES	\$

Intended Use of Tourist Development Tax Funds	Amount
TOTAL ROOM NIGHT GENERATING EVENT EXPENSES	\$

ACKNOWLEDGEMENT OF REQUIREMENTS FOR ROOM NIGHT GENERATING FUNDING
INITIAL BESIDE EACH TO CONFIRM APPLICANT’S AGREEMENT

- _____ Applicant will utilize the funding awarded strictly in compliance with the eligible and ineligible uses of funds list. (Guidelines, pages 5 and 6.)
- _____ It is Applicant’s responsibility to track all rooms associated with the Event in order to receive funding. (page 2, paragraph F.)
- _____ Applicant has included a list of its current Officers and/or Board members (if applicable) with the application.
- _____ Applicant’s W-9 tax form is included with the application.
- _____ Applicant acknowledges that Marion County must be listed as an additional insured on the Event’s insurance policy. (page 2, paragraph I)
- _____ Applicant has included a marketing plan for the Event (if applicable).
- _____ As an authorized representative of Applicant, the person submitting this documentation acknowledges that he/she is also the person required to execute the contract and prepare the post-Event documents within 60 days of the Event end date as well as receive the final payment.
- _____ Applicant understands that all funding will be paid following the Event as a reimbursement for expenses incurred unless specific exceptions have been made otherwise.
- _____ Applicant acknowledges that any material made or received by Marion County in connection with Applicant’s request for Event funding is a public record and subject to public inspection unless there is a legislatively created exemption that makes it confidential and not subject to disclosure. Applicant acknowledges that subject to Florida laws, it cannot dictate to Marion County what material is open to public inspection or the circumstances under which material is deemed confidential.
- _____ Applicant understands that as a requirement to receiving funding, Applicant will execute a release to permit Marion County to photo and/or record the Event and Applicant must make Event invitees aware of this and make the signing of a release a requirement to participate in the Event.
- _____ Applicant understands that all funds it receives are subject to audit by the Marion County Clerk of the Court – Internal Auditor or other representative as Marion County may designate. Any expenditure deemed illegible as a result of an audit shall be repaid by Applicant to the OMCVCB within 60 day of written demand.

CERTIFICATION OF APPLICANT

Applicant has reviewed this Application for Room Night Generating Event Funding from Ocala-Marion County Visitor and Convention Bureau and its appointed Tourist Development Council. Applicant is in full agreement with the information contained herein to fulfill the requirements of Marion County. To the best of Applicant's knowledge, the information contained in this Application and its attachments is accurate and complete.

Applicant

Date

By: _____
(Signature)

Its: _____
(Title)