

Post Event Report Form

Date: _____

Organization Information

Name of Organization: _____

Address: _____

City, State, Zip: _____

Contact Name: _____ Contact Phone Number: _____

Event Information

Name of Event/Program or Project: _____

Date of Event/Program or Project: _____

Primary Location of Event/Program or Project: _____

Amount Requested: \$ _____

Amount Received: \$ _____

Amount used from Hotel Occupancy Tax funds: \$ _____

How were the funds used: _____

How many years have you held this Event/Program or Project: _____

Event Funding Information

1. Actual percentage of funded event/program costs covered by hotel occupancy tax: _____
2. Actual percentage of facility costs covered by hotel occupancy tax (if applicable): _____
3. Actual percentage of staff costs covered by hotel occupancy tax (if applicable): _____
4. If staff costs were covered, estimate of actual hours staff spent on funded event: _____
5. Did the event/program charge admission? Was there a net profit from the event? If there was a net profit, what was the amount and how is it being used?

Event Attendance Information

1. How many people did you predict would attend this event? (number submitted in application for hotel occupancy tax funds): _____
2. What would you estimate as the actual attendance at the event? _____
3. How many room nights were generated for the lodging providers in the City of Port Aransas by attendees of this event/program or project? _____
4. If this Event/Program has been funded by hotel occupancy tax in the last three years, how many room nights were generated for the lodging providers in the City of Port Aransas by attendees of this Event/Program or Project?

Last Year _____

Two Years Ago _____

Three Years Ago _____
5. What method did you use to determine the number of people who booked rooms in the City of Port Aransas (e.g. room block usage information, survey of lodging representative, Lodging Signatory List form, or other proposed methodology and documentation)?

- Was a room block established for this Event/Program at an area hotel or other lodging provider, & did the room block fill? _____ If the room block did not fill, how many rooms were picked up? _____

Event Promotion Information

- Please check all efforts your organization actually used to promote this Event/Program and how much was actually spent in each category:

Newspaper:	\$ _____
Radio:	\$ _____
TV:	\$ _____
Paid Advertising:	\$ _____
Press Release to Media	\$ _____
Newspaper	\$ _____
Direct Mailings	\$ _____
Distribution of Brochures	\$ _____
Other (describe)	\$ _____

Number of Press Releases to Media _____
 Number Direct Mailings to out-of-town recipients _____

Other Promotions _____

- Did you include a link to the Convention & Visitors Bureau (CVB) or other source on your promotional handouts and in your website for booking rooms in the City of Port Aransas during this event?
- Did you negotiate a special rate or hotel/event package to attract overnight stays? _____
- What new marketing initiatives did you utilize to promote lodging providers and convention activity for this Event?

- Please attach samples of documents showing how the City of Port Aransas was recognized in your advertising/promotional campaign
- Please attach at least one sample of all forms of advertising/promoting used in your campaign. If the sample itself does not indicate the medium (radio, TV, print, or mail) used or where the advertising took place (e.g. a city's newspaper, or a radio spot that does not indicate the city

where the spot was played), please include other information that would show location of the advertising and medium utilized.

Sporting Related Events

1. If the event/program funded by hotel occupancy tax was a sporting-related function/facility, how many individuals actually participated in this event? _____
2. If the event/program was a sporting-related function/facility, how many of the participants were from another city or county? _____
3. If the event/program was a sporting-related function/facility, quantify how the activity substantially increased economic activity at lodging providers within the city and/or its vicinity?

Additional Event Information

1. What City of Port Aransas businesses did you utilize for food, supplies, materials, printing, etc?

2. Please provide proof of contact with the lodging industry regarding the event/program or project.
3. Please provide proof of payment for eligible, reimbursable expenses with a statement showing a zero balance, receipts, copy of cancelled checks, etc.
4. Please provide a budget showing final cost and expense figures.

Within 60 days of an event's completion, the funded applicant must complete and submit this form. Reoccurring programs during the same fiscal year of the City must complete and submit this form by September 1st. See the Hotel Occupancy Tax Grant Policy for more information.

Submit items to the Office of the Assistant City Manager
Lawrence Cutrone lcutrone@cityofportaransas.org
710 W. Avenue A, Port Aransas, TX 78373
(361) 749-4111 ext. 226