
**SEMINOLE COUNTY GOVERNMENT
AGENDA MEMORANDUM**

SUBJECT: 2009 Central Florida Scottish Highland Games Agreement

DEPARTMENT: Economic Development

DIVISION: Tourism Development

AUTHORIZED BY: William McDermott

CONTACT: Fran Sullivan

EXT: 2906

MOTION/RECOMMENDATION:

Approve and authorize the Chairman to execute an agreement with Scottish-American Society of Central Florida, Inc. for the 2009 Central Florida Scottish Highland Games in the amount of \$14,572.00.

County-wide

William McDermott

BACKGROUND:

The Central Florida Scottish Highland Games event has a 32-year history. The 2009 event will be the fourteenth (14th) Central Florida Scottish Highland Games held in Seminole County.

The 2009 event is a full two days. In addition to a full schedule of events on Saturday, there will be a parade and musical entertainment at Winter Springs Town Center until 9:00 p.m. Event organizers hope these Saturday night events plus a full schedule of events on Sunday will encourage guests to stay overnight in a Seminole County hotel. Approximately 600 hotel rooms are expected, with projected economic impact of approximately \$2.2 million.

The amount of last year's sponsorship was \$25,000. The 2008 event generated 550 room nights, and total direct economic impact was calculated at \$1,918,300.

The Tourist Development Council recommended funding at their November 2008 meeting. Tourist tax funds will be used to promote and advertise the event. Funds are appropriated in the 08-09 Tourism Development promotional budget.

STAFF RECOMMENDATION:

Staff recommends that the Board approve and authorize the Chairman to execute an agreement with Scottish-American Society of Central Florida, Inc. for the 2009 Central Florida Scottish Highland Games in the amount of \$14,572.

ATTACHMENTS:

1. Agreement

Additionally Reviewed By:

County Attorney Review (Ann Colby)

**2009 CENTRAL FLORIDA SCOTTISH HIGHLAND GAMES
TOURIST DEVELOPMENT TAX AGREEMENT**

THIS AGREEMENT is made and entered this _____ day of _____, 20____, by and between **SEMINOLE COUNTY**, a political subdivision of the State of Florida, whose address is Seminole County Services Building, 1101 East First Street, Sanford, Florida 32771, hereinafter referred to as "COUNTY", and **SCOTTISH-AMERICAN SOCIETY OF CENTRAL FLORIDA, INC.**, whose mailing address is Post Office Box 2948, Orlando, Florida 32802, hereinafter referred to as "SOCIETY".

W I T N E S S E T H:

WHEREAS, the Florida State Legislature enacted Section 125.0104, Florida Statutes, known as the Local Option Tourist Development Act in response to the growing need of Florida counties to provide additional revenue sources for tourist development to stimulate the local economy; and

WHEREAS, the voters of Seminole County approved by referendum the imposition of the Tourist Development Tax on transient rental accommodations in Seminole County; and

WHEREAS, the COUNTY, in coordination with the Tourist Development Council, appropriated Tourist Development Tax revenues to assist in advertising and promoting the Seminole County-based Central Florida Scottish Highland Games to be held January 17-18, 2009 at Central Winds Park in Winter Springs, Florida, to promote tourism in Seminole County.

NOW, THEREFORE, in consideration of the mutual understandings and agreements set forth herein, the COUNTY and the SOCIETY agree as follows:

Section 1. Term. This Agreement shall be in effect until September 30, 2009, unless earlier terminated as provided herein.

Section 2. Termination. This Agreement may be terminated by either party at any time, with or without cause, upon not less than

thirty (30) days written notice to the other party as provided for herein or, at the option of the COUNTY, immediately in the event that the SOCIETY fails to fulfill any of the terms, understandings or covenants of this Agreement. The COUNTY shall not be obligated to pay for any services provided or costs incurred by the SOCIETY after the SOCIETY has received notice of termination. Upon said termination, the SOCIETY shall immediately refund to the COUNTY, or otherwise utilize as the COUNTY directs, any unused funds provided hereunder.

Section 3. Services.

(a) The SOCIETY shall use funds from this Agreement to promote the Central Florida Scottish Highland Games in a manner as to encourage out-of-County visitors to attend the Games. Such effort shall be as described in Exhibit "A" attached hereto and incorporated herein by reference.

(b) The Seminole County Convention and Visitors Bureau logo with telephone numbers and website address must appear on all promotional material for which reimbursement will be requested.

(c) The SOCIETY shall submit proposed advertisement and promotional copy to the COUNTY for review and approval prior to publication. Advertising and promotional copy that has not been approved by the COUNTY shall not be eligible for reimbursement.

(d) Promotional packages for the Games sent out by the SOCIETY must contain a list of Seminole County hotels provided by the Seminole County Convention and Visitors Bureau. No other hotel list may be included in the promotional packet. All such promotional packets must be approved by the COUNTY prior to distribution in order to qualify for reimbursement.

(e) The SOCIETY shall permit a third-party company, as designated by the COUNTY, to conduct on-site surveys during the Highland Games Event to coordinate the survey process. The Society shall cooperate in

making their Event accessible in whatever manner necessary for completion of the survey.

(f) After-Event preliminary statistics for room nights and economic impact must be submitted to the COUNTY no later than ninety (90) days after the Event.

(g) The event organizer will provide the Seminole County Convention & Visitors Bureau (SCCVB) with a list of participating hotels for the event. The SCCVB will distribute and collect the Hotel Pick Up form, attached herto and incorporated herein as Exhibit "D", to participating hotel general managers, to document room nights generated by the event.

(h) The SOCIETY shall be required to have and maintain a website for the purpose of promoting tourism to and attendance at the SOCIETY's Event. Said website shall be linked to the Seminole County Tourism website (www.visitseminole.com) and such link shall be maintained throughout the duration of this Agreement.

(i) Failure to comply with or failure to meet the requirements of this Section, including time deadlines, shall result in termination of this Agreement and forfeiture of all financial assistance rendered to SOCIETY by the COUNTY pursuant to this Agreement.

Section 4. Liability and Insurance.

(a) **Liability.** COUNTY, its Commissioners, officers, employees and agents shall not be deemed to assume any liability for the acts, omissions and negligence of SOCIETY, its officers, employees and agents in the performance of services provided hereunder and the SOCIETY hereby agrees to fully and completely indemnify, insure and hold harmless the COUNTY from and against any liability of whatsoever type or nature howsoever arising, relating in any way to the acts or omissions of the SOCIETY and its officers, members, agents and employees.

(b) **Insurance.**

(1) SOCIETY shall furnish the COUNTY with a Certificate of Insurance signed by an authorized representative of the insurer evidencing the insurance required by this Section (Commercial General Liability). The COUNTY, its officials, officers and employees shall be named additional insured under the Commercial General Liability policy. The Certificate of Insurance shall provide that the COUNTY shall be given not less than thirty (30) days written notice prior to the cancellation or restriction of coverage. Until such time as the insurance is no longer required to be maintained by SOCIETY, SOCIETY shall provide the COUNTY with a renewal or replacement Certificate of Insurance not less than thirty (30) days before expiration or replacement of the insurance for which a previous certificate has been provided.

(2) The Certificate of Insurance shall contain a statement that it is being provided in accordance with the Agreement and that the insurance is in full compliance with the requirements of the Agreement. In lieu of the statement on the Certificate, SOCIETY shall, at the option of the COUNTY, submit a sworn, notarized statement from an authorized representative of the insurer that the Certificate is being provided in accordance with this Agreement and that the insurance is in full compliance with the requirements of this Agreement.

(3) In addition to providing the Certificate of Insurance, if required by the COUNTY, SOCIETY shall, within thirty (30) days after receipt of the request, provide the COUNTY with a certified copy of each of the policies of insurance providing the coverage required by this Section.

(4) Neither approval by the COUNTY nor failure to disapprove the insurance furnished by SOCIETY shall relieve SOCIETY of SOCIETY's full responsibility for performance of any obligation

including SOCIETY's indemnification of COUNTY under this Agreement.

(5) Insurance Company Requirements. Insurance companies providing the insurance under this Agreement must meet the following requirements:

(A) Companies issuing policies must be authorized to conduct business in the State of Florida and prove same by maintaining Certificates of Authority issued to the companies by the Department of Insurance of the State of Florida.

(B) In addition, such companies other than those authorized by Section 624.4621, Florida Statutes, shall have and maintain a Best's Rating of "A" or better and a Financial Size Category of "VII" or better according to A.M. Best Company.

(C) If, during the period which an insurance company is providing the insurance coverage required by this Agreement, an insurance company shall: 1) lose its Certificate of Authority, or 2) fail to maintain the requisite Best's Rating and Financial Size Category, SOCIETY shall, as soon as SOCIETY has knowledge of any such circumstance, immediately notify the COUNTY and immediately replace the insurance coverage provided by the insurance company with a different insurance company meeting the requirements of this Agreement. Until such time as SOCIETY has replaced the unacceptable insurer with an insurer acceptable to the COUNTY, SOCIETY shall be deemed to be in default of this Agreement.

(6) Specifications. Without limiting any of the other obligations or liability of SOCIETY, SOCIETY shall, at SOCIETY's sole expense, procure, maintain and keep in force amounts and types of insurance conforming to the minimum requirements set forth in this Section. Except as otherwise specified in this Agreement, the insurance shall become effective prior to the commencement of the Event and shall be maintained in force until this Agreement completion date. The

amounts and types of insurance shall conform to the following minimum requirements.

(A) Commercial General Liability.

(1) SOCIETY's insurance shall cover SOCIETY for those sources of liability which would be covered by the latest edition of the standard Commercial General Liability Coverage Form (ISO Form CG 00 01), as filed for use in the State of Florida by the Insurance Services Office, without the attachment of restrictive endorsements other than the elimination of Coverage C, Medical Payment, and the elimination of coverage for Fire Damage Legal Liability.

(2) The minimum limits to be maintained by SOCIETY (inclusive of any amounts provided by an Umbrella or Excess policy) shall be as follows:

	<u>LIMITS</u>
General Aggregate	\$Three (3) Times the Each Occurrence Limit
Personal & Advertising Injury Limit	\$1,000,000.00
Each Occurrence Limit	\$1,000,000.00

(7) Coverage. The insurance provided by SOCIETY pursuant to this Agreement shall apply on a primary basis and any other insurance or self-insurance maintained by the COUNTY or the COUNTY's officials, officers or employees shall be excess of and not contributing with the insurance provided by or on behalf of SOCIETY.

(8) Occurrence Basis. The Commercial General Liability required by this Agreement shall be provided on an occurrence rather than a claims-made basis.

Section 5. Billing and Payment. The COUNTY hereby agrees to provide financial assistance to the SOCIETY up to a maximum sum of FOURTEEN THOUSAND FIVE HUNDRED SEVENTY-TWO AND NO/100 DOLLARS (\$14,572.00) for all services provided hereunder by the SOCIETY during

the term of this Agreement in accordance with the project budget and requirements set forth in Exhibit "A". Qualified expenditures are reimbursable upon:

(a) Receipt by the COUNTY of the Request for Funds Form, attached hereto and incorporated herein as Exhibit "B", from the SOCIETY requesting all or part of the above amount. The Request for Funds Form shall be completed properly and documentation attached including original or copies of invoices and copies of canceled checks (front and back). Such request by the SOCIETY shall only be for services specifically provided for herein necessary to serve Seminole County and as authorized under Section 125.0104, Florida Statutes. Said Request for Funds Form shall be submitted no later than ninety (90) days after the Event. **Failure to comply with this requirement shall result in termination of this Agreement and forfeiture of all financial assistance granted to SOCIETY under this Agreement.**

(b) Verification by the Seminole County Economic Development/Tourism Director that the SOCIETY is providing the services for which reimbursement is sought and has complied with all provisions of this Agreement including all reporting requirements;

(c) The Request for Funds Form shall be accompanied by a detailed report of the economic impact on the COUNTY resulting from the Event, funds for which have been provided hereunder. Such report, attached hereto and incorporated herein as Exhibit "C", shall include, but not be limited to, the actual number of hotel or motel rooms occupied, restaurant meals consumed and estimated goods and services expenditures; and

(d) Payment requests shall be sent to:

Original: Director
Seminole County Economic Development/Tourism
1230 Douglas Avenue, Suite 116
Longwood, Florida 32779

Duplicate: Director, Department of Finance
Seminole County Services Building
1101 East First Street
Sanford, Florida 32771

(e) Reimbursement shall be contingent upon the SOCIETY's compliance with the requirements as stated in Exhibit "A".

Section 6. Reporting Requirements. In the performance of this Agreement, SOCIETY shall maintain books, records and accounts of all activities in compliance with normal accounting procedures. SOCIETY shall transmit and certify interim records with the Request for Funds Form submitted to the COUNTY. The Request for Funds Form shall detail costs incurred as referenced in Exhibit "A".

Section 7. Non-Allowable Costs. The purpose for which Tourist Development Tax grant funds are provided to the SOCIETY shall not duplicate programs for which monies have been received, committed or applied for from another source. The monies provided hereunder shall be expended only for the activities or purposes set forth in Exhibit "A". Non-reimbursable expenditures include, but are not limited to, legal, engineering, accounting, auditing, planning, feasibility studies or other consulting services; real property or capital improvements; interest reduction in deficits and loans; prize money, scholarships, awards, plaques or certificates; private entertainment, lodging, food and beverages; and wages, salaries, administrative or travel expenses other than those appearing, if any, in Exhibit "A".

Section 8. Unavailability of Funds. The SOCIETY acknowledges that Tourist Development Tax revenues are the source of funding for this Agreement and that no other COUNTY revenues shall or may be utilized to meet the COUNTY's obligations hereunder. If, for whatever reason, the funds pledged by the COUNTY to this program should become unavailable, this Agreement may be terminated immediately, at the option of the COUNTY, by written notice of termination to the SOCIETY as provided

hereinafter. The COUNTY shall not be obligated to pay for any services provided or costs incurred by the SOCIETY after the SOCIETY has received such notice of termination. In the event there are any unused COUNTY funds, SOCIETY shall promptly refund those funds to the COUNTY, or otherwise use such funds as the COUNTY directs.

Section 9. Access to Records. The SOCIETY shall allow the COUNTY, its duly authorized agent and the public access to such of the SOCIETY's records as are pertinent to all services provided hereunder at reasonable times and under reasonable conditions for inspection and examination in accordance with Florida Statutes.

Section 10. Liaison. The SOCIETY shall submit the originals of the Request for Funds form and any other required reports or correspondence to the following:

Director
Seminole County Economic Development/Tourism
1230 Douglas Avenue, Suite 116
Longwood, Florida 32779

Section 11. Notices. Whenever either party desires to give notice unto the other, it shall be given in writing by certified United States mail, with return receipt requested, and sent to:

For COUNTY:

Director
Seminole County Economic Development/Tourism
1230 Douglas Avenue, Suite 116
Longwood, Florida 32779

For SOCIETY:

Woodrow W. Crawford, Jr., President
Scottish-American Society of Central Florida, Inc.
Post Office Box 2948
Orlando, Florida 32802

Either of the parties may change, by written notice as provided above, the person or address for receipt of notice.

Section 12. Assignments. Neither party to this Agreement shall assign this Agreement, nor any interest arising herein, without the

written consent of the other.

Section 13. Entire Agreement.

(a) It is understood and agreed that the entire agreement of the parties is contained herein and that this Agreement supersedes all oral agreements and negotiations between the parties relating to the subject matter hereof as well as any previous agreements presently in effect between the parties relating to the subject matter hereof.

(b) Any alterations, amendments, deletions or waivers of the provisions of this Agreement shall be valid only when expressed in writing and duly signed by the parties.

Section 14. Compliance with Laws and Regulations. In providing all services pursuant to this Agreement, the SOCIETY shall abide by all statutes, ordinances, rules and regulations pertaining to, or regulating the provisions of, such services including those now in effect and hereafter adopted. Any violation of said statutes, ordinances, rules or regulations shall constitute a material breach of this Agreement, and shall entitle the COUNTY to terminate this Agreement immediately upon delivery of written notice of termination to the SOCIETY as provided hereinabove.

Section 15. Conflict of Interest.

(a) The SOCIETY agrees that it will not engage in any action that would create a conflict of interest in the performance of its obligations pursuant to this Agreement with the COUNTY or which would violate or cause others to violate the provisions of Part III, Chapter 112, Florida Statutes, relating to ethics in government.

(b) The SOCIETY hereby certifies that no officer, agent or employee of the COUNTY has any material interest (as defined in Section 112.312(15), Florida Statutes, as over 5%) either directly or indirectly, in the business of the SOCIETY to be conducted here, and that no such person shall have any such interest at any time during the term of

this Agreement.

(c) Pursuant to Section 216.347, Florida Statutes, the SOCIETY hereby agrees that monies received from the COUNTY pursuant to this Agreement will not be used for the purpose of lobbying the Legislature or any other State or Federal agency.

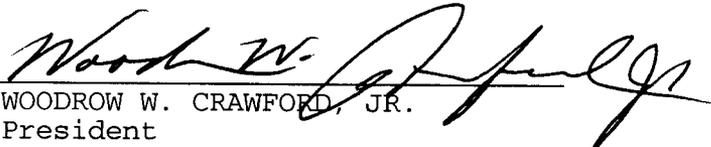
IN WITNESS WHEREOF, the parties to this Agreement have caused their names to be affixed hereto by the proper officers thereof for the purposes herein expressed on the day and year first above written.

ATTEST:

SCOTTISH-AMERICAN SOCIETY
OF CENTRAL FLORIDA, INC.

MB

~~_____~~
Secretary **BRYAN G. STEWART**

By: 
WOODROW W. CRAWFORD, JR.
President

(CORPORATE SEAL)

Date: 12-22-08

ATTEST:

BOARD OF COUNTY COMMISSIONERS
SEMINOLE COUNTY, FLORIDA

MARYANNE MORSE
Clerk to the Board of
County Commissioners of


By: _____
BOB DALLARI, Chairman

Date: _____

Seminole County, Florida

For the use and reliance
of Seminole County only.

As authorized for execution by
the Board of County Commissioners
at their _____, 20____
regular meeting.

Approved as to form and
legal sufficiency.

County Attorney

AEC/sjs
12/8/08
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- Attachments:
Exhibit "A" - Project Description and Expenses
Exhibit "B" - Request For Funds Form
Exhibit "C" - Economic Impact Report
Exhibit "D" - Hotel Pick Up Form

EXHIBIT A

PART II APPLICATION FOR FUNDS
TOURIST DEVELOPMENT SPONSORSHIP
FY 2008-09

(1) NAME OF ORGANIZATION SCOTTISH-AMERICAN SOCIETY OF CENTRAL FLORIDA, INC

(2) NAME OF EVENT 32ND ANNUAL CENTRAL FLORIDA SCOTTISH HIGHLAND GAMES

(3) CONTACT PERSON CHIP CRAWFORD - 407-590-9183

(4) CONTACT PERSON E-MAIL LOWLANDR@BELLSOUTH.NET

(5) COMPLETE ADDRESS OF ORGANIZATION:

STREET P.O. BOX 2948

CITY ORLANDO ST FL ZIP 32802

PHONE: 407-4267268 CELL: 407-590-9183 FAX: 407-423-3625

(6) ORGANIZATION'S CHIEF OFFICIAL: CHIP CRAWFORD

TITLE: PRESIDENT Address if different from above:

805 E. HARWOOD ST. ORLANDO, FL 32803

PHONE: 407-8418834 CELL: 407-590-9183 FAX: 407-423-3625

(7) INTENDED USE OF FUNDS: (Refer to Pages 6-7 - Authorized/Unauthorized Uses of Funds) PROMOTIONAL EXPENSES +

ADVERTISING / PUBLICITY

(8) AMOUNT REQUESTED \$ 14,752

(9) IF ENTIRE REQUEST CANNOT BE FUNDED, CAN THE EVENT BE RESTRUCTURED FOR LESS FUNDING? YES () NO

DETAILS OF OUR ORGANIZATION

GOALS & OBJECTIVES: TO PROMOTE, PERPETUATE AND ENCOURAGE SCOTTISH HERITAGE AND TRADITIONS IN CENTRAL FLORIDA, PRIMARILY THROUGH THE EXISTENCE OF THE "CENTRAL FLORIDA SCOTTISH HIGHLAND GAMES".

SERVICES PROVIDED: EDUCATIONAL PRESENTATIONS TO CLUBS AND SCHOOLS, SCHOLARSHIPS FOR PIPING AND DANCING, REFERRALS TO PIPERS FOR WEDDINGS, FUNERALS, OR PARTIES, PRESENTATION OF THE "CENTRAL FLORIDA SCOTTISH HIGHLAND GAMES".

MONITORING EXPENDITURE OF FUNDS: ANTICIPATED EXPENDITURES ARE DISCUSSED AT EACH MEETING WITH PRIMARY DECISIONS VOTED ON AND LEFT TO PRESIDENT, VICE PRESIDENT & TREASURER TO DEAL WITH.

ADDITIONAL VISITORS & HOTEL ROOM NIGHTS: OUR EVENT, 32 YRS. OLD, IS THE LARGEST OF ITS KIND IN FLORIDA AND THIRD LARGEST IN THE SOUTHEAST UNITED STATES. OUR ADS IN SUCH WORLDWIDE MAGAZINES AS, "SCOTTISH LIFE" & "HIGHLANDER", PLUS THE PAPER, "SCOTTISH BANNER", ATTRACT PEOPLE FROM OTHER STATES & COUNTRIES TO JOIN US WHERE THE WINTER WEATHER IS CONDUSIVE TO CELEBRATION. AS A 2 DAY EVENT WE NOW GIVE OUT OF TOWN VISITORS MORE OPTIONS LOCALLY. WE ALSO CONTINUE TO ADD NEW ELEMENTS TO OUR FESTIVAL THAT ARE SELDOM FOUND AT OTHER HIGHLAND GAMES AROUND THE COUNTRY.

EXPERIENCE IN MANAGING SPONSORSHIPS & GRANTS:
I BELIEVE WE HAVE NOW RECEIVED GRANT MONEY FROM SEMINOLE COUNTY FOR ABOUT 11 STRAIGHT YEARS.

III EVENT INFORMATION (Use additional sheets where necessary.)

(1) EVENT NAME: 32ND ANNUAL CENTRAL FLORIDA SCOTTISH HIGHLAND GAMES

(2) TYPE OF EVENT: CULTURAL WITH ATHLETICS + MUSIC

(3) DATE OF EVENT: JANUARY 16, 17, + 18, 2009

(4) NUMBER OF DAYS: 3 HOURS: FROM: FRI. - 5:00 - 11:00 PM - HILTON HOTEL
SAT. - 8 AM TO: 9:00 PM
SUN. - 9 AM 5:00 PM

(5) EVENT PROMOTER (IF OTHER THAN YOUR ORGANIZATION)

NAME OF PROMOTER _____

COMPANY NAME NONE

ADDRESS: _____

PHONE and FAX _____

(6) PROJECTED NUMBER OF LOCAL PARTICIPANTS,
GUESTS AND MEDIA 9,000

(7) PROJECTED NUMBER OF OUT-OF-COUNTY PARTICIPANTS: 800.
AVERAGE NUMBER OF DAYS STAY IN SEMINOLE COUNTY: 2

(8) PROJECTED NUMBER OF OUT-OF-COUNTY GUESTS OF PARTICIPANTS: 2,200
AVERAGE NUMBER OF DAYS STAY IN SEMINOLE COUNTY: 2

(9) PROJECTED NUMBER OF OUT-OF-COUNTY MEDIA PERSONS: 15
AVERAGE NUMBER OF DAYS STAY IN SEMINOLE COUNTY: 1

(10) TOTAL NUMBER OF HOTEL ROOMS REQUIRED IN SEMINOLE
COUNTY FOR EVENT: 500-600

(11) PROVIDE THE ESTIMATED DIRECT ECONOMIC IMPACT ON SEMINOLE COUNTY FROM YOUR
EVENT (DO NOT USE MULTIPLIERS): 2,207,820

HOW DID YOU CALCULATE THIS ESTIMATED IMPACT? PLEASE EXPLAIN.

FORMULA FROM EXHIBIT C, INCLUDED,
TDC FORM FROM WEBSITE,

(12) PROVIDE A LIST OF OTHER EVENT SPONSORS AND THE AMOUNT(S)
OF THEIR SPONSORSHIPS. PUBLIX - 300. SCHIRMISHER PROPERTIES - 500.
WINTER SPRINGS/OVIEDO - 6000. JOHNNY WALKER WHISKY - 500.
AMERICAN CANDY FOODS - 800.

(13) PROVIDE THE LOCATION, CONTACT NAME AND PHONE NUMBER FOR THE EVENT FOR THE
LAST THREE YEARS. CENTRAL WINDS PARK, WINTER SPRINGS
CHRIS CARSON - 407-327-6597

(14) PLEASE PROVIDE DETAILS OF HOW THE EVENT WILL WORK. PEOPLE PAY TO ENTER
FESTIVAL TO SEE ATHLETICS, DANCING, PIPING, DRUMMING,
MUSIC, VENDORS, FOOD, ~11~ BEER, KIDS GAMES,
MEDIAVAL CAMP, ARCHERY, BORDER COLLIES, CLAN TENTS + MORE

Seminole County Economic Impact

	Quantity	Multiplier	Event days	TOTALS
How much will event organizers spend locally?				
How many adult out-of state participant days expected?	800	\$ 152.00	2	\$ 243,200.00
How many adult out-of state spectator days expected?	2200	\$ 152.00	2	\$ 668,800.00
How many out-of state media/professional days expected?	15	\$ 152.00	1.5	\$ 3,420.00
How many youth out-of state participant days are expected?	150	\$ 76.00	2	\$ 22,800.00
How many youth out-of state spectator days are expected?	300	\$ 76.00	2	\$ 45,600.00
How many in-state participant/spectator/media/professionals expected?	9000	\$ 68.00	2	\$ 1,224,000.00
What is the expected event-site spending?				
What other expenditures, if any, are anticipated?				
TOTAL DIRECT IMPACT =				\$ 2,207,820.00
Total output economic impact:	Direct Impact	Divider	Multiplier	
	\$ 2,207,820.00		1.5	\$ 3,311,730.00
Total earnings impact:	\$ 2,207,820.00		0.57	\$ 1,258,457.40
Total employment impact:	\$ 2,207,820.00	1,000,000	22	48.57
		Non-Taxable		
	Direct Impact	Sales	Sales Tax Rate	
STATE SALES TAX GENERATED:	\$ 2,207,820.00		0.06	\$ 132,469.20
		State Sales Tax	Florida DOR Disbursement	
		Generated	Multiplier	
STATE SALES TAX REIMBURSED TO COUNTY:		\$ 132,469.20	0.09653	\$ 12,787.25
		Non-Taxable	Option Sales	
	Direct Impact	Sales	Tax Rate	
COUNTY LOCAL OPTION SALES TAX:	\$ 2,207,820.00		0.01	\$ 22,078.20
		Estimated Rooms	Estimated Nights In Town	
		300	2	
TOTAL HOTEL IMPACT:		Estimated Rooms	Estimated Nights In Town	
		300	2	
		Per Night To Be Secured		
		300		
		Total Hotel	Impact	
COUNTY RESORT TAX RECOUPED:	\$ 58,200.00		0.03	\$ 1,746.00
		Resort Tax Rate		
TOTAL RESORT TAX & STATE SALES TAX RECOUPED BY COUNTY:				\$ 1,746.00
RENTAL COSTS OF FACILITIES OWNED & RECOUPED BY THE COUNTY:				\$ 36,611.45
RENTAL COSTS OF FACILITIES OWNED & RECOUPED BY THE CITY:				\$ -
BID FEES AND COSTS ASSOCIATED TO THE EVENT PAID BY THE COUNTY:				\$ -
BID FEES AND COSTS ASSOCIATED TO THE EVENT PAID BY THE CITY:				\$ -
APPROXIMATE REVENUE RECOUPED BY THE COUNTY ON THE EVENT:				\$ 36,611.45

IV SPORTING EVENT (If Applicable)

N.A.

(1) NAME OF SPORT/EVENT: _____

(2) LOCATION OF EVENT: (IF MORE THAN ONE, LIST ON SEPARATE SHEET.)

(3) TOTAL NUMBER OF FIELDS NEEDED: _____

(4) TOTAL NUMBER OF FIELDS NEEDED PER DAY: _____

(5) NUMBER OF LIGHTED FIELDS REQUIRED: _____

(6) PROVIDE FIELD USE TIMES BY DAY. _____

(6) SPECIAL FIELD REQUIREMENTS (PLEASE SPECIFY):

V OTHER OUTDOOR EVENT:

(1) LOCATION AND SIZE OF EVENT VENUE:

(2) SPECIAL SITE REQUIREMENTS: _____

EVENT BUDGET SUMMARY

INCOME SOURCES:

TOURIST DEVELOPMENT TAX REQUEST \$ 14,572

ADDITIONAL FUNDING SOURCES (Seminole County cannot be sole source.)

S. A. S. C. F. \$ 45,000.
WINTER SPRINGS/
OVIDO \$ 6,000.
INDIVIDUAL + CLAN
SPONSORS \$ 3,000.
SCHRIMSHER PROPERTIES \$ 500.
FLETCHER FAMILY \$ 250.

_____ \$ _____

TOTAL ADDITIONAL FUNDS \$ 54,750.

OTHER INCOME SOURCES

GATE TICKETS \$ 100,000.
BEER SALES \$ 20,000.
VENDORS \$ 12,000.

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

TOTAL OTHER INCOME \$ 132,000.

TOTAL INCOME ALL SOURCES \$ 186,750.

REVISED 10-29-08

EVENT EXPENSES:

Provide an itemized summary indicating the intended use of TDC funds. Please be as explicit as possible, including intended publications, promotional materials, etc. and how much money will be expended (tentatively) for each category. Use additional sheets if necessary.

Intended Utilization of Tourist Tax Funds

(Please refer to authorized and unauthorized uses on page 6-7)

"SCOTTISH BANNER" NEWSPAPER	\$	3600.
"SCOTTISH LIFE" MAGAZINE	\$	1200.
"HIGHLANDER" MAGAZINE	\$	1000.
COLOR BROCHURES - ^{MAILED & PLACED} OUT OF SEMINOLE CO. _{8500 @ \$0.97 EA.}	\$	824.
700 COLOR FLYERS - ^{ST. MOUNTAIN, GA} LAKE EOLA ART SHOWS	\$	343.
CLEAR CHANNEL RADIO - 104.1		
PACKAGE, AIR TIME + APPEARANCE -	\$	7605.
MINUS 15.5% SEMINOLE CO. SHARE		

Total Tourism Funds:

\$ 14,572.

(EXCLUDES SEMINOLE CO. COVERAGE)

Other Event Expenses

FIELD (PARK RENTAL + EQUIPMENTS)	\$	35,000.
COMPETITIONS	\$	15,000.
ENTERTAINMENT	\$	10,000.
PROGRAMS	\$	5,000.
HOST HOTEL/RECEPTION	\$	12,000.
VOLUNTEER DONATIONS - ^{CLEAN UP} PARKING	\$	1,000.
BUS RENTAL	\$	2,500.
Total Other Event Expenses	\$	80,500.
TOTAL EVENT EXPENSES	\$	95,072.

CERTIFICATION

I have reviewed this Application for Funds from the Tourist Development Council for FY 2008-09. I am in full agreement with the information contained herein. To the best of my knowledge, the information contained in this Application and its attachments is accurate and complete.

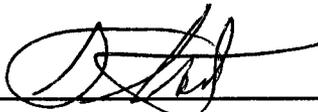


Chief Corporate Officer
WARRON W. CRAWFORD JR.

10-15-08

Date

Seal



BRYAN STEWART
Corporation Secretary

10/15/2008

Date

EXHIBIT "B"
REQUEST FOR FUNDS

SEMINOLE COUNTY TOURISM DEVELOPMENT
1230 DOUGLAS AVENUE, #116, LONGWOOD FL 32779

EVENT NAME _____

ORGANIZATION _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

NAME OF CONTACT _____ CONTACT TELEPHONE _____

CONTACT E-MAIL _____

EVENT DATE FROM _____ TO _____

REQUEST # _____

() INTERIM REPORT () FINAL REPORT

TOTAL CONTRACT AMOUNT \$ _____

<u>EXPENSE</u>	<u>BUDGET</u>	<u>REIMBURSEMENT REQUESTED</u>
_____	_____	_____
_____	_____	_____
TOTALS	_____	_____

(For Final Report only)

Please complete the following:

#of Hotels used _____

#of Hotel room nights _____

#of out-of-town participants _____

#of out-of-town fans _____

#of out-of-town media _____

Total direct economic impact \$ _____

NOTE: Furnishing false information may constitute a violation of applicable State and Federal laws.

CERTIFICATION OF FINANCIAL OFFICER: I certify that the above information is correct based on our official accounting system and records, consistently applied and maintained and that the cost shown have been made for the purpose of and in accordance with, the terms of the contract. The funds requested are for reimbursement of actual cost made during this time period.

SIGNATURE _____ TITLE _____

**Exhibit C
Seminole County - Economic Impact**

	Quantity	Multiplier	Event days	TOTALS
How much will event organizers spend locally?				
How many adult out-of state participant/spectator days are expected?	\$	143.00		\$ -
How many youth out-of state participant/spectator days are expected?	\$	72.00		\$ -
How many adult in-state participant/spectator days are expected?	\$	125.00		\$ -
How many youth in-state participant/spectator days are expected?	\$	63.00		\$ -
How many out-of state media/professionals days are expected?	\$	143.00		\$ -
How many in state media/ professionals expected?	\$	125.00		\$ -
What is the expected event-site spending?				
What other expenditures, if any, are anticipated?				
TOTAL DIRECT IMPACT =				\$ -
Total output economic impact:	Direct Impact	Divider	Multiplier	
Total earnings impact:	\$ -		1.5	\$ -
Total employment impact:	\$ -	1,000,000	0.57	\$ -
		Non-Taxable Sales	22	
	Direct Impact	Sales Tax Rate		
STATE SALES TAX GENERATED:	\$ -	0.06		\$ -
		Florida DOR		
		State Sales Tax Generated	Disbursement Multiplier	
STATE SALES TAX REIMBURSED TO COUNTY:	\$ -	-	0.09653	\$ -
		Non-Taxable Sales	Option Sales Tax Rate	
COUNTY LOCAL OPTION SALES TAX:	Direct Impact			
	\$ -	-	0.01	\$ -
	Estimated Rooms	Approximate Hotel Rooms Secured	Average Room Rate Per Night	
	Per Night To Be Secured			
TOTAL HOTEL IMPACT:				\$ -
	Total Hotel Impact		Resort Tax Rate	
COUNTY RESORT TAX RECOUPED:	\$ -		0.04	\$ -
TOTAL RESORT TAX & STATE SALES TAX RECOUPED BY COUNTY:				\$ -
RENTAL COSTS OF FACILITIES OWNED & RECOUPED BY THE COUNTY:				\$ -
RENTAL COSTS OF FACILITIES OWNED & RECOUPED BY THE CITY:				\$ -
BID FEES AND COSTS ASSOCIATED TO THE EVENT PAID BY THE COUNTY:				\$ -
BID FEES AND COSTS ASSOCIATED TO THE EVENT PAID BY THE CITY:				\$ -
APPROXIMATE REVENUE RECOUPED BY THE COUNTY ON THE EVENT:				\$ -



SEMINOLE COUNTY CONVENTION & VISITORS BUREAU (CVB)

ROOM NIGHT PICKUP CERTIFICATION FORM

Request for Room Night Pick-UP

Attn: General Manager, please provide the room night information for the event dates listed below as soon as possible:

Hotel Name/ Location: _____

Contact Person: _____ **Phone:** _____

Group Name: _____

Event Name: _____

Event Dates: _____

I certify the organization/event listed above consumed the following room nights:

Total Number of Room Nights Picked up from Events _____

GM Signature: _____

The purpose of this form is to **certify the number of local hotel room nights in Seminole County attributable to this event.**

The Seminole County CVB reserves the right to unilaterally reduce the maximum amount of any grant awarded should the applicant's room night guarantee not be satisfied or documented with this Room Night Pick Up Certification Form.

Your cooperation in completing this form is greatly appreciated. For additional information please contact Sharon Sears, CVB Executive Director at (407) 665-2901.
