



INSTRUCTIONS

1. Please type or print.
2. Answer each question within the space provided, if you require additional space answer questions on a separate sheet of paper and attach to completed application.
3. Complete the application in its entirety and include all required attachments.

Hotel Occupancy Tax Grant Post Event Form

ORGANIZATION INFORMATION

Organization Name: _____ Date: _____

Address: _____
Street Address Apartment/Unit #

_____ _____
City State ZIP Code

Primary Contact Name: _____ Phone: _____

Contact Email: _____

EVENT / PROJECT INFORMATION

Name of Event or Project: _____ Dates: _____

Primary Location: _____ Event Website: _____

Amount Approved from Hotel Occupancy Tax Funds: \$ _____

Amount Used from Hotel Occupancy Tax Funds: \$ _____

What were your other sources of revenue and how much revenue did you receive from each? (Sponsorships, ticket sales, vendor booths, etc.) _____

What was the total profit or loss for the event/project? _____

How many people did you predict would attend this Event?
 (Same as number you submitted in application for hotel occupancy tax funds.) _____

What was the actual attendance at the Event? _____

How many room nights were generated in Mineral Wells and/or Palo Pinto County hotels, motels, or bed & breakfasts by attendees of this Event or Project? _____

***** Post-Event Form MUST be completed in full and submitted to the Mineral Wells Area Chamber of Commerce within 90 days of the completion of your event or project.**

What new marketing initiatives did you utilize to promote hotel and convention activity for this Event?

What Mineral Wells and Palo Pinto County businesses did you utilize for food, supplies, materials, printing, etc?

If the Event funded by hotel occupancy tax was a sporting-related function/facility, how many individuals actually participated in this event? _____

If the event was a sporting-related function/facility, how many of the participants were from another city or county? _____

If the event was a sporting-related function/facility, quantify how the activity substantially increased economic activity at hotels and motels within the city or its vicinity.

REQUIRED ATTACHMENT CHECKLIST

- At least one sample of all forms of advertising/promoting used in your campaign. If the sample itself does not indicate the medium (e.g. 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.
- Samples of documents showing how the Mineral Wells Area Chamber of Commerce and Visitors Bureau was recognized in your advertising/promotional campaign.
 - An itemized list of expenditures relevant to HOT Grant with corresponding receipts.
 - Results from any surveys taken by attendees or participants.
 - Any feedback or correspondence from any Mineral Wells or Palo Pinto County lodging owners/managers indicating room nights generated.
 - A copy of your W-9 tax form.

Signature and Title of Person Completing Report

Date

**Please submit to Tourism & Marketing Director, Mineral Wells Area Chamber of Commerce & Visitors Bureau
P.O. Box 1408, Mineral Wells, TX 76068
tourism@mineralwellstx.com**

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