

visitmidland

Sports & Entertainment

Post Event Report and Checklist

Applicant Information

The complete post event checklist is due within 60 days of the final day of your event. Funds will be distributed after the Board approves the post event report. Even if your grant is pre-approved, funds may not be disbursed if you do not attach proper post-event tracking reports and financial information. Applicant should be aware they may not receive the full amount of the grant requested. The VMSE Board reserves the right to reject any application for any reason.

Organization _____

Event Name _____ Event Date(s) _____

Event Contact _____ Phone Number _____

Make check payable to: _____

Mailing Address: _____ City/State/Zip: _____

Tax ID: _____

By using the tracking forms received from VisitMidland, please fill in the below information:

How many people attended your event? (Include staff, volunteers, participants, attendees, vendors, etc.) _____

How many people stayed overnight in a Midland hotel? _____

How many hotel rooms were confirmed in a Midland hotel? _____

Please fill out the hotel information in Appendix B.

Please provide the additional documentation as an attachment to this checklist.

- All the completed VisitMidland tracking forms
- Post Event Financials (Appendix A or you may attach a P&L statement, spreadsheet, etc.)
- Hotel Information, see Appendix B
- A completed W-9 tax form
- A sample of promotional materials (posters, flyers, advertisements, etc.)

VisitMidland reserves the right to conduct an audit of anyone receiving the grant funds to ensure accurate use of the fund. Each applicant is required to keep copies of all receipts. Proof of payment includes copies of original invoice and check paid to vendor or copies of credit card receipts from vendors documenting received payments.

Certification

Initial

By initialing, I hereby certify that I have attached all the required documentation and the statements made in this post event report & checklist are true and complete to the best of my knowledge, and that I am authorized to execute the application. Omission of required documentation, falsification of information provided or modification of any correspondence from VisitMidland is sufficient grounds for denial of the application.

Signature of Applicant's Authorized Agent or Applicant

Date

Print Name

Title

Appendix A

EVENT INCOME

EVENT EXPENSES

Category Description	Amount
<i>Example: Sponsors</i>	\$1,000.00
TOTAL INCOME	

Category Description	Amount
<i>Example: Advertising</i>	\$2,500.00
TOTAL EXPENSES	



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 2017-2018

Appendix B

Please fill in the information below with how many rooms were booked and at which hotel based on the tracking forms. If more than one page is required, make copies as needed.

1. Hotel Name: _____ Location: I-20 Loop 250 Sports Complex Other

Day of the Week	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Date							
# Rooms							

2. Hotel Name: _____ Location: I-20 Loop 250 Sports Complex Other

Day of the Week	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Date							
# Rooms							

3. Hotel Name: _____ Location: I-20 Loop 250 Sports Complex Other

Day of the Week	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Date							
# Rooms							

4. Hotel Name: _____ Location: I-20 Loop 250 Sports Complex Other

Day of the Week	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Date							
# Rooms							

5. Hotel Name: _____ Location: I-20 Loop 250 Sports Complex Other

Day of the Week	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Date							
# Rooms							

6. Hotel Name: _____ Location: I-20 Loop 250 Sports Complex Other

Day of the Week	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Date							
# Rooms							