



POST-EVENT ECONOMIC IMPACT REPORT

Must be completed and submitted with Final Invoice

2024-2025
October 1, 2024 - September 31, 2025

- 1) Name of Applicant Organization _____
- 2) Street/P.O. Box: _____
- 3) City: _____ State: _____ Zip: _____
- 4) Person completing information: _____ Title: _____
- 5) Telephone # _____ Cell # (if you wish) _____
 (Must provide a DAYTIME contact number.)
- 6) e-mail _____
- 7) Name of Event _____
- 8) Dates of Event: _____ Reporting Date: _____

PARTICIPANTS & SPECTATORS

Total # of Participants: Adults _____ Children _____ (i.e. vendor & vendor staff, tournament or sporting event entries, entertainment participants) % of participants from outside of Okeechobee County _____

Total # of Spectators/Attendees: Adults _____ Children _____

% of Spectators/Attendees from outside of Okeechobee County _____

How was this number quantified? Ticket Sales Estimated from observation by crowd staff

Other (explain) _____

OVERNIGHT STAYS (REQUIRED)

QUANTIFIED OVERNIGHT STAYS - REQUIRED FOR FY 23/24

HOTEL / MOTEL / RESORT # of Nights x # of Rooms = Total Room Nights x Average Room rate at time of event = TOTAL

_____ x _____ = _____ x _____ = _____

CAMPGROUND

of Nights x # of Sites = Total Nights x Average Site rate at time of event = TOTAL

_____ x _____ = _____ x _____ = _____

When providing the Quantified Overnight Stays for FY 23/24 please provide documentation for this information.

NOTE: Quantified Overnight Stays are required information for this fiscal year funding request. It is advised Event Coordinators put in place a program to acquire this information.

All events are required to complete this Post Economic Impact information.

Questions may be directed to the Tourism Coordinator at tourism@okeechobeecountyfl.gov or 863-763-3959.

DAILY EXPENDITURES OF PARTICIPANTS & SPECTATORS

Ticket per person: Adult _____ Children _____

Food per person: Adult _____ Children _____

Fuel purchased while in Okeechobee County: _____

Misc. Purchases _____

Other (explain) _____

How did you acquire this information _____

ADVERTISING / PROMOTIONS / PUBLIC RELATIONS

What was your total out of County Advertising Budget? _____

How were the Advertising, Promotions and Public Relations efforts for this event evaluated in order to determine the effectiveness of the campaigns? (Use additional sheet if necessary)

Other information you would like to provide: (Use additional sheet if necessary)

Please specify what the Tourist Development Grant Funds were used for. It is important to remember that all funding awarded must be used for your event in our community. Refer to eligible use of funds in application.

(Use additional sheet if necessary)

FOR OKEECHOBEE COUNTY TOURIST DEVELOPMENT OFFICE USE

This information will be calculated by T.D.C. staff after review of information provided.

* Expenditure per day x # Out of area Participants (Adult) x # of Days x **Multiplier = \$ Impact

_____ x _____ x _____ x _____ = _____

* Daily Expenditures + Daily Hotel Rate

** Will be completed by T.D.C. staff

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Misc. Purchases _____

Other (explain) _____

How did you acquire this information? _____

ADVERTISING / PROMOTIONS / PUBLIC RELATIONS What was your total out of County Advertising Budget? _____

How were the Advertising, Promotions and Public Relations efforts for this event evaluation in order to determine the effectiveness of the campaigns? (Use additional sheet if necessary)

Other information you would like to provide: (Use additional sheet if necessary)