



# POST-EVENT ECONOMIC IMPACT REPORT

Must be completed and submitted with Final Invoice

**2026-2027**  
**October 1, 2026 - September 31, 2027**

- 1) Name of Applicant Organization \_\_\_\_\_
- 2) Street/P.O. Box: \_\_\_\_\_
- 3) City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
- 4) Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_
- 5) Telephone # \_\_\_\_\_ Cell # \_\_\_\_\_  
(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 26/27

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 26/27 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](mailto: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 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)

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? \_\_\_\_\_

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