



#### 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?

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

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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.

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#### 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](mailto:tourism@mineralwellstx.com)**

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