
CITY OF ALPINE
HOTEL/MOTEL OCCUPANCY TAX
POST EVENT
AND
ANNUAL REPORT

*THIS REPORT MUST BE COMPLETED AND RETURNED TO THE CITY OF ALPINE NO LATER THAN 30 DAYS FOLLOWING THE
DATE OF THE EVENT OR PROGRAM*

Date: _____

Name of Organization: _____

Address: _____

City, State, Zip: _____

Contact Name: _____

Contact Phone Number: _____

Web Site Address for Event or Sponsoring Entity: _____

EVENT INFORMATION

Name of Event or Program: _____

Date of Event or Program: _____

Primary Location of Event or Program: _____

Amount Requested: _____

Amount Received: _____

How were funds spent: _____

How many years have you held this Event or Program: _____

EVENT FUNDING INFORMATION

_____ Percentage of Total **Event Costs** covered by Hotel Occupancy Tax

Did the event charge admission? _____

If so, what was the price of admission? _____

Was there a net profit from the event? _____

EVENT ATTENDANCE INFORMATION

How many people do you estimate attended (If multiple day event, list by date)?

How was that estimate formulated (event registrations, sign in sheets, other)?

How many Out-of-Town attendees (If multiple day event, list by date)?

How many room nights were generated at a City of Alpine hotel (# of rooms x #nights= room nights): _____

Did you reserve a room block for this event and if so, how many rooms were utilized under the block and at which hotels? _____

Establishment	Room Nights	How Verified

Please list other years (over the last three years) that you have hosted your Event or Project with amount of assistance given from HOT and the number of hotel rooms used:

Month/Year Held	Assistance Amount	Hotel Rooms Used

EVENT PROMOTION INFORMATION

Please check all promotional efforts your organization utilized and the financial amount utilized with to each media outlet:

- Total Paid Advertising: \$_____
- Newspaper \$_____ Radio \$_____ TV \$_____
- Press Releases to Media \$_____
- Direct Mailing to out of town recipients \$_____
- Digital or Social Media \$_____ Other \$_____

RELATED COSTS FOR EVENTS OR PROGRAMS

Check which categories funding was awarded / Used for each category:

1. Civic Center Rental: \$ _____ / \$ _____

3. Advertising, Solicitations and Promotions: \$ _____ / \$ _____

4. Promotion of the Arts: \$ _____ / \$ _____

A. Was the project or program completed? If so, provide documentation and/or photographs.

5. Historical Restoration and Preservation Activities: \$ _____ / \$ _____

A. Was the project or program completed? If so, provide documentation and/or photographs.

6. Sporting Event Expenses: \$ _____ / \$ _____

How many individuals participated? _____

How many of the participants were from another city or county? _____

How many of the participants stayed in City of Alpine hotels, motels or bed & breakfasts? _____

7. Transportation: \$ _____ / \$ _____

REQUIRED ATTACHMENTS

- Profit/Loss Statement- include all revenue/ donations/ sponsorships and expenses including rentals, equipment, entertainment and in-kind services provided.
- Samples of newspaper or magazine coverage of event or program
- Actual invoices, receipts, proofs of payment for ALL expenditures for which HOT funds were used in whole or in part.
- Surveys- attach the summarized results of any survey(s) conducted during or after the event and the surveys received.

I certify that the above information is true and accurate to the best of my knowledge.

Name:

Signature:

Date: