

**BID FEE FOLLOW UP REPORT
OF JEFFERSON COUNTY
HOTEL OCCUPANCY TAX (HOT) FUNDS**

Please complete the following to ensure that the funds provided to your organization through the Jefferson County Hotel Occupancy Tax were utilized for the purposes set forth in the original funding application. *Unused funds must be returned with this report to address listed on back page of the report.*

I. GENERAL INFORMATION

A. Name of Organization:

Name and Date of Event:

B. Amount of County Hotel and Occupancy Tax Awarded:

II. VISITOR IMPACT - The following information is required as funding was based upon impact on tourism/hotel and convention industry. The organization is expected to make every possible effort in tracking the use of Jefferson County hotel rooms.

A. Provide numbers for the following concerning the period funded:

1. Visitors/participants: Actual # _____

2. Visitors/participants from outside seventy-five (75) miles of Jefferson County: Actual # _____

3. Visitors/participants indicating they stayed overnight in a Jefferson County hotel: Actual # _____

III. ATTACHMENTS

IF PAYING PARENT ORGANIZATION - Attach invoice along with front and back of canceled check showing payment to recognized sanctioned parent organization. Electronic transfers are accepted with backup documentation.

Parent Organization: The sanctioning body affiliated with the event that requires a formal bid fee to secure it.

IF FULFILLING HOST CITY REQUIREMENTS - Complete **Fund Tracking**

Expense Report/Checkbook page listed below with approved expenditures.

Host City Requirements: Requirements set by a sanctioning body which must be met in order to host an event. These may include providing a venue, equipment, staffing, or event infrastructure.

Example: A boxing event held in a local arena, where the host city requires the organizer to provide a regulation ring, certified referees, medical staff, and meet safety guidelines outlined by the local athletic commission.

IV. ROOM NIGHTS

Identify hotels used and total room nights at each.

Name of Person Completing Form _____

Signature _____

Title _____

Date Form Completed _____

Phone Number _____

Address _____

Return Form To: Ben J. Rogers Regional Visitors Center
Attn: Kathi Weathington Hughes
5055 IH-10 South
Beaumont, Texas 77705

Questions in regards to this form should be forwarded to Ms. Kathi Hughes at 409-842-0500.