



Olympic Peninsula Visitor Bureau  
PO Box 670 • 618 S. Peabody St. Suite F  
Port Angeles, WA 98362  
360-452-8552 • [director@OlympicPeninsula.org](mailto:director@OlympicPeninsula.org)

### Clallam County Tourism Enhancement Grant 2019 – Part 1 of 2 Recap.

The 2019 Grant Reimbursement Request must be completed and turned in within 45 days following completion of the project/event.

Project/Event \_\_\_\_\_

Project/Event Director \_\_\_\_\_ Phone \_\_\_\_\_

Completion Date of Project/Event \_\_\_\_\_

Submitting Organization Name \_\_\_\_\_

Submitting Organization Address \_\_\_\_\_

To whom should checks be made out to within your organization? \_\_\_\_\_

Amount of Approved Grant Request \_\_\_\_\_ Amount of Reimbursement Request \_\_\_\_\_

#### Include the following information:

1. Director's narrative up to 500 words of the event/project detail, process and evaluation.
2. Final Budget including income and expenses.
3. In compliance with ESHB 1253 (Washington Law, 2013): The Grant Reimbursement Request, Parts 1 and 2, needs to be completed and turned in **within 45 days** following completion of the project/event. Recap **must include**:
  - a. Overview of revenues/expenses
  - b. Descriptions of how the event/project increased overnight stays by providing the following to the best of your ability:
    1. Number of attendees/participants (overall, see second page)
    2. Number of tourists who traveled more than 50 miles for the event/activity
    3. Number of tourists who traveled more than 50 miles, but attended only for the day
    4. Number of overnight tourists who stayed in paid accommodations
    5. Number of overnight tourists who stayed in non-paid accommodations (i.e. stayed with friends or family)
    6. Number of attendees/participants from another country or state
    7. Number of paid lodging room nights generated from the event/activity
    8. Descriptions of the methodology used to determine all calculations.

The project/event as named above has been completed.

\_\_\_\_\_  
Signature –Project/Event Director

\_\_\_\_\_  
Date

#### Mail/deliver completed submission form and receipts to:

OPVB, PO Box 670, Port Angeles, WA 98362. (618 S. Peabody St. Suite F, Port Angeles, WA 98362)  
Call the OPVB office at 360-452-8552 or email [director@olympicpeninsula.org](mailto:director@olympicpeninsula.org) with any questions.

## Attendance Information

Overall Attendance	Predicted: Actual (Estimated): Method: Please Explain:	Additional Comments:
Attendance, 50+ Miles	Predicted: Actual (Estimated): Method: Please Explain:	Additional Comments:
Attendance, Out of State/ Out of Country	Predicted: Actual (Estimated): Method: Please Explain:	Additional Comments:
Attendance, Paid for Overnight Lodging	Predicted: Actual (Estimated): Method: Please Explain:	Additional Comments:
Attendance, Did Not Pay for Overnight Lodging	Predicted: Actual (Estimated): Method: Please Explain:	Additional Comments:
Paid Lodging Nights	Predicted: Actual (Estimated): Method: Please Explain:	Additional Comments: