

**SEMINOLE COUNTY GOVERNMENT  
AGENDA MEMORANDUM**

**SUBJECT:** City of Sanford: 2005 ASA Men's Major Softball National  
Championship Agreement

**DEPARTMENT:** Tourism Development **DIVISION:** \_\_\_\_\_

*Suzan Bunn*

**AUTHORIZED BY:** Suzan Bunn **CONTACT:** Kathryn Townsend **EXT.** 2905

<b>Agenda Date</b> 3-22-05	<b>Regular</b> <input type="checkbox"/>	<b>Consent</b> <input checked="" type="checkbox"/>	<b>Work Session</b> <input type="checkbox"/>	<b>Briefing</b> <input type="checkbox"/>
	<b>Public Hearing – 1:30</b> <input type="checkbox"/>	<b>Public Hearing – 7:00</b> <input type="checkbox"/>		

**MOTION/RECOMMENDATION:**

Approve and authorize chairman to execute Agreement between Seminole County and the City of Sanford for the 2005 ASA Men's Major Softball National Championship in the amount of \$5,000.

**BACKGROUND:**

The City of Sanford and Seminole County have a long and successful history of sponsoring and promoting softball events. The Amateur Softball Association's 2005 Men's Major Softball National Championship is a four day event scheduled for September 15-18, 2005 with games being held at both the Sanford Memorial Stadium and Seminole High School. Over 6,000 participants and fans with four media representatives will be in Seminole County for this event.

The Tourism Development Council recommends reimbursement of this bid fee in the amount of \$5,000 which is available and approved in the Tourism Development budget for FY 04-05.

Attached is the projected Economic Impact Statement showing total direct economic of over \$926,000. This event also estimates over 900 room nights for area hotels.

Reviewed by:	_____
Co Atty:	_____
DFS:	_____
Other:	_____
DCM:	_____
CM:	_____
File No. -	_____
CTD02	_____

**2005 ASA MEN'S MAJOR SOFTBALL NATIONAL CHAMPIONSHIP AGREEMENT**

**THIS AGREEMENT** is made and entered this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by and between **SEMINOLE COUNTY**, a political subdivision of the State of Florida, whose address is Seminole County Services Building, 1101 East First Street, Sanford, Florida 32771, hereinafter referred to as "COUNTY," and the **CITY OF SANFORD**, whose primary place of business is located at 300 N. Park Avenue, Sanford, Florida 32771 and whose mailing address is P.O. Box 1788, Sanford, Florida 32772-1788, hereinafter referred to as the "SANFORD".

**W I T N E S S E T H:**

**WHEREAS**, the Florida State Legislature enacted *Section 125.0104, Florida Statutes*, known as the Local Option Tourist Development Act in response to the growing need of Florida counties to provide additional revenue sources for tourist development to stimulate the local economy; and

**WHEREAS**, *Section 125.0104, Florida Statutes*, provides that Tourist Development Tax Revenues may be used to acquire, construct, extend, enlarge, remodel, repair, improve, maintain, operate or promote publicly owned or operated convention centers, sports stadiums, sports arenas, coliseums or auditoriums within the boundaries of the COUNTY's special taxing district in which the tax is levied; and

**WHEREAS**, the voters of Seminole County approved by referendum, the imposition of the Tourist Development Tax on transient rental accommodations in Seminole County; and

**WHEREAS**, the COUNTY, in coordination with the Tourist Development Council, appropriated Tourist Development Tax Revenues to promote the 2005 ASA Men's Major Softball National Championship to be held in September 15-18, 2005, hereinafter referred to as "Event," to take place at SANFORD Memorial Stadium; and

**WHEREAS,** the COUNTY desires SANFORD to place the tournament guarantee to the Amateur Softball Association of America in order to secure the Event for the Stadium,

**NOW, THEREFORE,** in consideration of the mutual understandings and agreements set forth herein, the COUNTY and SANFORD agree as follows:

**Section 1. Term.** The term of this Agreement is from October 1, 2004, through September 30, 2005, the date of signature by the parties notwithstanding, unless earlier terminated, as provided herein.

**Section 2. Termination.** This Agreement may be terminated by either party at any time, with or without cause, upon not less than thirty (30) days' written notice to the other party, as provided for herein, or, at the option of the COUNTY, immediately in the event that SANFORD fails to fulfill any of the terms, understandings or covenants of this Agreement. The COUNTY shall not be obligated to pay for any services provided or costs incurred by SANFORD after SANFORD has received notice of termination. Upon said termination, SANFORD shall immediately refund to the COUNTY, or otherwise utilize as the COUNTY directs, any unused funds provided hereunder.

**Section 3. Services.**

(a) SANFORD shall use funds from this Agreement to promote and advertise Seminole County tourism through the holding of the Seminole County-based 2005 ASA Men's Major Softball National Championship, as described in Exhibit "A," attached hereto and incorporated herein by reference.

(b) The Seminole County Convention and Visitors Bureau logo with telephone number and web site address must appear on all promotional material for which reimbursement will be requested.

(c) SANFORD shall submit proposed advertisement and promotional copy to the COUNTY for review and approval prior to publication. Advertising and promotional copy that has not been approved by the COUNTY shall not be eligible for reimbursement.

(d) Promotional packages sent out by SANFORD for the event must contain a list of Seminole County hotels provided by the Seminole County Convention and Visitors Bureau. No other hotel list may be included in the promotional packet. All such promotional packets must be approved by the COUNTY prior to distribution in order to qualify for reimbursement.

(e) SANFORD is required to utilize the Event Questionnaire provided by the Seminole County Convention and Visitors Bureau. In order to qualify for reimbursement funds, SANFORD must provide to the Seminole County Convention and Visitors Bureau, after the event, a minimum number of questionnaires, completed in full by attendees at the 2005 National Championship; the minimum number of required questions must be equal to ten percent (10%) of the projected attendance at the event, as stated in the grant application, or one hundred fifty (150), whichever is greater. Incomplete or partial questionnaires will not count toward the refunded minimum number.

Failure to provide the required number of completed questionnaires or failure to utilize the required form questionnaire shall result in both non-reimbursement of approved funds, but shall also directly impact future qualifications for Tourist Development Tax funding.

(f) After-event preliminary statistics for room nights and economic impact must be submitted to the COUNTY no later than thirty (30) days after the event.

(g) A hotel poll reflecting an accurate accounting of room nights used for the event shall be conducted by SANFORD and submitted to the

COUNTY no later than one (1) week after the event.

(h) SANFORD shall be required to have and maintain a website for the purpose of promoting tourism to and attendance at SANFORD's event. Said website shall be linked to the Seminole County Tourism website ([www.visitseminole.com](http://www.visitseminole.com)) and such link shall be maintained throughout the duration of this Agreement.

(i) Failure to comply with or failure to meet the requirements of said Section, including time deadlines, shall result in termination of this Agreement and forfeiture of all financial assistance rendered to SANFORD by the COUNTY pursuant to this Agreement..

**Section 4. Liability and Liability.**

(a) **Liability.** COUNTY, its Commissioners, officers, employees and agents shall not be deemed to assume any liability for the acts, omissions and negligence of SANFORD, its officers, employees and agents in the performance of services provided hereunder

(b) **Insurance.**

(1) SANFORD shall furnish the COUNTY with a Certificate of Insurance signed by an authorized representative of the insurer evidencing the insurance required by this Section (Commercial General Liability). The COUNTY, its officials, officers, and employees shall be named additional insured under the Commercial General Liability policy. The Certificate of Insurance shall provide that the COUNTY shall be given not less than thirty (30) days written notice prior to the cancellation or restriction of coverage. Until such time as the insurance is no longer required to be maintained by SANFORD, SANFORD shall provide the COUNTY with a renewal or replacement Certificate of Insurance not less than thirty (30) days before expiration or replacement of the insurance for which a previous certificate has been provided.

(2) The Certificate shall contain a statement that it is being provided in accordance with the Agreement and that the insurance is in full compliance with the requirements of the Agreement. In lieu of the statement on the Certificate, SANFORD shall, at the option of the COUNTY submit a sworn, notarized statement from an authorized representative of the insurer that the Certificate is being provided in accordance with the Agreement and that the insurance is in full compliance with the requirements of the Agreement.

(3) In addition to providing the Certificate of Insurance, if required by the COUNTY, SANFORD shall, within thirty (30) days after receipt of the request, provide the COUNTY with a certified copy of each of the policies of insurance providing the coverage required by this Section.

(4) Neither approval by the COUNTY or failure to disapprove the insurance furnished by SANFORD shall relieve SANFORD of SANFORD's full responsibility for performance of any obligation including SANFORD's indemnification of COUNTY under this Agreement.

(5) Insurance Company Requirements. Insurance companies providing the insurance under this Agreement must meet the following requirements:

(A) Companies issuing policies must be authorized to conduct business in the State of Florida and prove same by maintaining Certificates of Authority issued to the companies by the Department of Insurance of the State of Florida.

(B) In addition, such companies other than those authorized by Section 440.57, Florida Statutes, shall have and maintain a Best's Rating of "A" or better and a Financial Size Category of "VII" or better according to A.M. Best Company.

(C) If, during the period which an insurance company is providing the insurance coverage required by this Agreement, an insurance company shall: 1) lose its Certificate of Authority, or 2) fail to maintain the requisite Best's Rating and Financial Size Category, SANFORD shall, as soon as SANFORD has knowledge of any such circumstance, immediately notify the COUNTY and immediately replace the insurance coverage provided by the insurance company with a different insurance company meeting the requirements of this Agreement. Until such time as SANFORD has replaced the unacceptable insurer with an insurer acceptable to the COUNTY SANFORD shall be deemed to be in default of this Agreement.

(6) Specifications. Without limiting any of the other obligations or liability of SANFORD, SANFORD shall, at SANFORD's sole expense, procure, maintain and keep in force amounts and types of insurance conforming to the minimum requirements set forth in this Section. Except as otherwise specified in the Agreement, the insurance shall become effective prior to the commencement of the event and shall be maintained in force until the Agreement completion date. The amounts and types of insurance shall conform to the following minimum requirements.

(A) Commercial General Liability.

(i) SANFORD's insurance shall cover SANFORD for those sources of liability which would be covered by the latest edition of the standard Commercial General Liability Coverage Form (ISO Form CG 00 01), as filed for use in the State of Florida by the Insurance Services Office, without the attachment of restrictive endorsements other than the elimination of Coverage C, Medical Payment and the elimination of coverage for Fire Damage Legal Liability.

(ii) The minimum limits to be maintained by SANFORD (inclusive of any amounts provided by an Umbrella or Excess policy) shall be as follows:

	<u>LIMITS</u>
General Aggregate	\$Three (3) Times the Each Occurrence Limit
Personal & Advertising Injury Limit	\$1,000,000.00
Each Occurrence Limit	\$1,000,000.00

(7) Coverage. The insurance provided by SANFORD pursuant to this Agreement shall apply on a primary basis and any other insurance or self-insurance maintained by the COUNTY or the COUNTY's officials, officers, or employees shall be excess of and not contributing with the insurance provided by or on behalf of SANFORD.

(8) Occurrence Basis. The Commercial General Liability required by this Agreement shall be provided on an occurrence rather than a claims-made basis.

**Section 5. Billing and Payment.** The COUNTY hereby agrees to provide funds to SANFORD up to a maximum sum of FIVE THOUSAND AND NO/100 DOLLARS (\$5,000.00) for placement of the tournament guarantee. Said funds are reimbursable upon:

(a) Receipt by the COUNTY of a Request for Funds Form, attached hereto and incorporated herein as Exhibit "A" from SANFORD requesting all or part of the above amount no later than ninety (90) days after the event. The Request for Funds Form shall be completed properly with original invoices and copies of checks as documentation attached thereto. Such request by SANFORD shall only be for the bid specifically provided for herein. Failure to file the Request for Funds form with the COUNTY within ninety (90) days of the event shall result in termination of this Agreement and forfeiture of all financial assistance to be rendered to SANFORD by the COUNTY pursuant to this Agreement.



(b) Verification by the Seminole County Convention & Visitors Bureau Director that SANFORD has placed by bid for which reimbursement is sought and has complied with the reporting requirements contained hereinafter;

(c) Payment requests shall be sent to:

Original: Director  
Seminole County Convention & Visitors Bureau  
1230 Douglas Avenue, Suite 116  
Longwood, Florida 32779

Duplicate: Director, Department of Finance  
Seminole County Services Building  
1101 East First Street  
Sanford, Florida 32771

**Section 6. Reporting Requirements.** In the performance of this Agreement, SANFORD shall maintain books, records and accounts of all activities in compliance with normal accounting procedures. Each Request for Funds Form shall detail costs incurred. SANFORD shall an interim Narrative Progress Report Form, attached hereto and incorporated herein as Exhibit "B," with the Request for Funds Form. Additionally, SANFORD shall submit a final Narrative Progress Report Form and a financial report within ninety (90) days of project completion or lapse or termination of this Agreement.

**Section 7. Non-Allowable Costs.** The purpose for which Tourist Development Tax grant funds are provided to SANFORD shall not duplicate programs for which monies have been received, committed or applied for from another source. The monies provided hereunder shall be expended only for the activities or purposes set forth in this Agreement.

**Section 8. Unavailability of Funds.** SANFORD acknowledges that Tourist Development Tax revenues are the source of funding for this Agreement and that no other COUNTY revenues shall or may be utilized to meet the COUNTY's obligations hereunder. If, for whatever reason, the funds pledged by the COUNTY to this program should become unavailable,

this Agreement may be terminated immediately, at the option of the COUNTY, by written notice of termination to SANFORD as provided hereinafter. The COUNTY shall not be obligated to pay for any services provided or costs incurred by SANFORD after SANFORD has received such notice of termination. In the event there are any unused COUNTY funds, SANFORD shall promptly refund those funds to the COUNTY, or otherwise use such funds as the COUNTY directs.

**Section 9. Access to Records.** SANFORD shall allow the COUNTY, its duly authorized agent and the public access to such of SANFORD's records as are pertinent to all services provided hereunder, at reasonable times and under reasonable conditions for inspection and examination in accordance with Florida Statutes.

**Section 10. Liaison.** SANFORD shall submit the original copies of the Request for Funds forms, the Narrative Progress Report form and any other required reports or correspondence to the following:

Director  
Seminole County Convention & Visitors Bureau  
1230 Douglas Avenue, Suite 116  
Longwood, Florida 32779

**Section 11. Notices.** Whenever either party desires to give notice unto the other, it shall be given in writing by certified United States mail, with return receipt requested, and sent to:

**For COUNTY:**

Director  
Seminole County Convention & Visitors Bureau  
1230 Douglas Avenue, Suite 116  
Longwood, Florida 32779

**For SANFORD:**

City of Sanford  
Mayor Brady Lessard  
P.O. Box 1788  
Sanford, Florida 32772-1788

Either of the parties may change, by written notice as provided above, the person or address for receipt of notice.

**Section 12. Assignments.** Neither party to this Agreement shall assign this Agreement, nor any interest arising herein, without the written consent of the other.

**Section 13. Entire Agreement.**

(a) It is understood and agreed that the entire Agreement of the parties is contained herein and that this Agreement supersedes all oral agreements and negotiations between the parties relating to the subject matter hereof as well as any previous agreements presently in effect between the parties relating to the subject matter hereof.

(b) Any alterations, amendments, deletions, or waivers of the provisions of this Agreement shall be valid only when expressed in writing and duly signed by the parties.

**Section 14. Compliance with Laws and Regulations.** In providing all services pursuant to this Agreement, SANFORD shall abide by all statutes, ordinances, rules, and regulations pertaining to, or regulating the provisions of, such services, including those now in effect and hereafter adopted. Any violation of said statutes, ordinances, rules, or regulations shall constitute a material breach of this Agreement, and shall entitle the COUNTY to terminate this Agreement immediately upon delivery of written notice of termination to SANFORD as provided hereinabove.

**Section 15. Conflict of Interest.**

(a) SANFORD agrees that it will not engage in any action that would create a conflict of interest in the performance of its obligations pursuant to this Agreement with the COUNTY or which would violate or cause others to violate the provisions of *Part III, Chapter 112, Florida Statutes*, relating to ethics in government.

(b) SANFORD hereby certifies that no officer, agent or employee of the COUNTY has any material interest (as defined in Section 112.312(15), Florida Statutes, as over 5%) either directly or indirectly, in the business of SANFORD to be conducted here, and that no such person shall have any such interest at any time during the term of this Agreement.

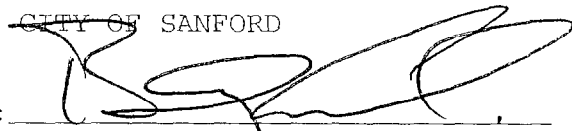
(c) Pursuant to Section 216.347, Florida Statutes, SANFORD hereby agrees that monies received from the COUNTY pursuant to this Agreement will not be used for the purpose of lobbying the Legislature or any other State or Federal agency.

**IN WITNESS WHEREOF**, the parties to this Agreement have caused their names to be affixed hereto by the proper officers thereof for the purposes herein expressed on the day and year first above written.

ATTEST:

  
\_\_\_\_\_  
JANET DOUGHERTY, City Clerk

CITY OF SANFORD

  
By: \_\_\_\_\_  
BRADY LESSARD, Mayor

ATTEST:

BOARD OF COUNTY COMMISSIONERS  
SEMINOLE COUNTY, FLORIDA

\_\_\_\_\_  
MARYANNE MORSE  
Clerk to the Board of  
County Commissioners of  
Seminole County, Florida.

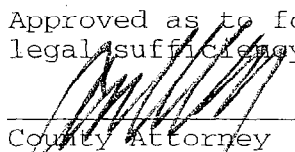
By: \_\_\_\_\_  
CARLTON HENLEY, Chairman

Date: \_\_\_\_\_

For the use and reliance  
of Seminole County only.

As authorized for execution  
by the Board of County Commissioners  
at their \_\_\_\_\_, 20\_\_\_\_  
regular meeting.

Approved as to form and  
legal sufficiency.

  
\_\_\_\_\_  
County Attorney  
AG/lpk  
12/23/04  
MENS MAJOR SOFTBALL

Attachments:

- Exhibit "A" - Project Expenses
- Exhibit "B" - Request For Funds Form
- Exhibit "C" - Narrative Progress Report Form

EXHIBIT "A"

**PROJECT EXPENSES:**

**Intended Utilization of Tourist Tax Funds**

(Please refer to authorized and unauthorized uses on page 5-6)

Guarantee Fee	\$ 5,000
	\$
	\$
	\$
	\$
	\$

Total Tourism Funds: \$ 5,000

**Other Project Expenses**

Awards	\$ 1500 -
Field Maintenance	\$ 2000 -
Personnel	\$ 5,000 -
Umpire Expenses	\$ 1000 -
Fees/Insurance	\$ 1250 -
Lunches/meeting supplies etc	\$ 2300 -
Misc	2400 -
Total Other Project Expenses	\$ 15,450

**TOTAL PROJECT EXPENSES** \$ 20,450

**Profit (Loss)** \$ (450)



**SEMINOLE COUNTY** EXHIBIT "B"  
 FLORIDA'S NATURAL CHOICE REQUEST FOR FUNDS

SEMINOLE COUNTY TOURISM DEVELOPMENT  
 1230 DOUGLAS AVENUE, #116, LONGWOOD FL 32779

EVENT NAME \_\_\_\_\_

ORGANIZATION \_\_\_\_\_

ADDRESS \_\_\_\_\_

CONTACT PERSON \_\_\_\_\_ TELEPHONE \_\_\_\_\_

REQUEST PERIOD FROM \_\_\_\_\_ TO \_\_\_\_\_

REQUEST # \_\_\_\_\_

( ) INTERIM REPORT ( ) FINAL REPORT

TOTAL CONTRACT AMOUNT \$ \_\_\_\_\_

<u>EXPENSE</u>	<u>BUDGET</u>	<u>REIMBURSEMENT REQUESTED</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
TOTALS	_____	_____

NOTE: Furnishing false information may constitute a violation of applicable State and Federal laws.

CERTIFICATION OF FINANCIAL OFFICER: I certify that the above information is correct based on our official accounting system and records, consistently applied and maintained and that the cost shown have been made for the purpose of and in accordance with, the terms of the contract. The funds requested are for reimbursement of actual cost made during this time period.

SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_

EXHIBIT B



INSTRUCTIONS FOR COMPLETING THE REQUEST FOR FUNDS FORM

FUNDS CAN ONLY BE REIMBURSED WHEN THIS FORM IS SUBMITTED to Contracts Manager at Seminole County Tourism Development Department. Allow at least 30 days for reimbursement. If this form is not completed correctly and/or required documentation is not attached, reimbursement will be delayed or denied.

- EVENT NAME:** The name of the event for which your organization is requesting reimbursement (if applicable)
- ORGANIZATION:** Your organization name
- ADDRESS:** The address the reimbursement check should be sent
- CONTRACT PERSON:** The person who is responsible for the request
- TELEPHONE NUMBER:** The number of the contact person
- REQUEST PERIOD:** Beginning and ending date of the request period
- CONTRACT AMOUNT:** The total of the contract with Seminole County
- REQUEST #:** The sequential number of this request
- INTERIM/FINAL:** Indicate the type of request
- EXPENSE:** The category of the expense for which you are requesting reimbursement
- BUDGET:** The amount budgeted for that expense from Exhibit "A" of the contract
- REIMBURSEMENT:** Amount you are requesting for reimbursement
- TOTALS:** Enter total for each column
- CERTIFICATION:** Name, title and date certifying officer of your organization signed request

Exhibit B Instructions



EXHIBIT "C"

NARRATIVE PROGRESS REPORT

SEMINOLE COUNTY TOURISM DEVELOPMENT  
1230 DOUGLAS AVENUE #116, LONGWOOD FL 32779

REPORT PERIOD FROM \_\_\_\_\_ TO \_\_\_\_\_

ORGANIZATION NAME \_\_\_\_\_

EVENT NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CONTACT \_\_\_\_\_ PHONE \_\_\_\_\_

INTERIM

FINAL REPORT

Please describe below the status of your event, including the final completion date and status of each of the promotional elements for which you will be requesting reimbursement (refer to Exhibit "A"). Use additional sheets if necessary.

Please indicate the total expenditures your organization plans to make in Seminole County, such as advertising and promotion, for this event.

(For Final Report only)

Please indicate the economic impact generated by your event:

#of Hotels used \_\_\_\_\_

#of Hotel room nights \_\_\_\_\_

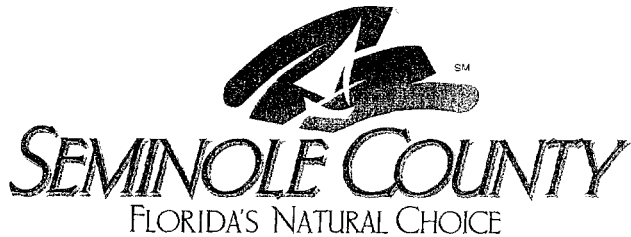
#of out-of-town participants \_\_\_\_\_

#of out-of-town fans \_\_\_\_\_

#of out-of-town media \_\_\_\_\_

EXHIBIT C





## INSTRUCTIONS FOR COMPLETING NARRATIVE PROGRESS REPORTS

A Narrative Progress Report is required with every Request for Funds. These reports should be submitted to the Contracts Manager of the Tourism Development office. A Final Report which reviews the results of the entire project must be completed and included with your final request for funds.

The Narrative Progress Report should be completed as follows:

REPORTING PERIOD:      Indicate the period the report covers

INTERIM       FINAL      Indicate the report you are submitting

Answer the questions as completely as possible. For an interim report, use projections. For a final report please use actual figures.

Please call the Tourism Development office Contracts Manager (407) 665-2905 if you have any questions in completing the report.

EXHIBIT C INSTRUCTIONS

SEMINOLE COUNTY				
Quantity	Multiplier	Event days	Total	
How much will event organizers spend locally?				
How many adult out-of-state participant days expected?	320	3	\$ 122.00	\$ 117,120.00
How many adult out-of-state spectator days expected?	1280	3	\$ 122.00	\$ 468,480.00
How many youth out-of-state participant days are expected?			\$ 61.00	\$ -
How many youth out-of-state spectator days are expected?			\$ 61.00	\$ -
How many in-state attendance/participant/professional days expected?	1667	3	\$ 68.00	\$ 340,068.00
How many out-of-state media/professional days expected?	3	3	\$ 122.00	\$ 1,098.00
Total direct impact =				\$ 926,766.00
Direct Impact				
Multiplier				
Total				
Total output economic impact:	\$ 926,766.00			\$ 1,390,149.00
Total earnings impact:	\$ 926,766.00			\$ 528,256.62
Total employment impact:	\$ 926,766.00	1,000,000		\$ 20.39
Direct Impact				
Sales Tax Rate				
Total				\$ 55,605.96
State Sales Tax Generated:	\$ 926,766.00			
Florida DOR				
Disbursement				
Multiplier				
Total				\$ 5,367.64
Option Sales				
Tax Rate				
Total				\$ 9,267.66
County Local Option Sales Tax:	\$ 926,766.00			
Direct Impact				
Approximate				
Rooms Expected				
Nights In Town	3			
Average Room Rate				
Total				\$ 312,000.00
Total Hotel Impact:	1600			
Total Hotel				
Impact				
Resort Tax Rate				
Total				\$ 9,360.00
County Resort Tax Recovered:	\$ 312,000.00			
Total Resort Tax & State Sales Tax Recovered By County:				\$ 23,995.30

SEMINOLE COUNTY			
Quantity	Multiplier	Event days	Total
How much will event organizers spend locally?			
How many adult out-of-state participant days expected?	320	\$	117,120.00
How many adult out-of-state spectator days expected?	1280	\$	468,480.00
How many youth out-of-state participant days are expected?		\$	-
How many youth out-of-state spectator days are expected?		\$	-
How many in-state attendance/participant/professional days expected?	1667	\$	340,068.00
How many out-of-state media/professional days expected?	3	\$	1,098.00
Total direct impact =			926,766.00
Direct Impact	Divider	Multiplier	Total
\$ 926,766.00	1.5	1.5	1,390,149.00
Total earnings impact:	\$	0.57	528,256.62
Total employment impact:	\$	22	20.39
Direct Impact	\$	0.06	55,605.96
State Sales Tax Generated:			
State Sales Tax Reimbursed to County: (Hotel - Tax)			
\$ 55,605.96	0.09653	0.09653	5,367.64
Option Sales	County Option = 0.02		5,367.64
Direct Impact	Tax Rate	Option Sales	Total
\$ 926,766.00	0.01		9,267.66
County Local Option Sales Tax: (Hotel - Tax)			
Approximate	Approximate	County Option = 6098	9,267.66
Rooms Expected	Nights In Town	Average Room Rate	Total
1600	3	\$65.00	312,000.00
Total Hotel Impact:			
Total Hotel	Total Hotel	Resort Tax Rate	Total
Impact	Impact		
\$ 312,000.00	0.03		9,360.00
County Resort Tax Recovered:			
Total Resort Tax & State Sales Tax Recovered By County:			
			23,995.30

\* Municipality: State Board Revenue  
 \* Also Tax Revenue

3/05/05  
 0227

\* This information has been updated as incomplete in its presentation. It can be used in its presentation to compare the impact on the tax to previous years.