

SEMINOLE COUNTY GOVERNMENT  
AGENDA MEMORANDUM

SUBJECT: GOT MILK? 3X3 SOCCER SHOOTOUT REGIONAL CHAMPIONSHIPS

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

*Suzan Bunn*

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

Agenda Date 4-27-04	Regular <input type="checkbox"/>	Consent <input checked="" type="checkbox"/>	Work Session <input type="checkbox"/>	Briefing <input type="checkbox"/>
	Public Hearing – 1:30 <input type="checkbox"/>		Public Hearing – 7:00 <input type="checkbox"/>	

**MOTION/RECOMMENDATION:**

Approve and authorize chairman to execute Agreement between Seminole County and The Central Florida Sports Commission in the amount of \$8,000.

**BACKGROUND:**

The Got Milk? 3x3 Soccer Shootout Regional Championships is a two day event with over 4,000 participants and fans. This event is held at the Lake Sylvan Training Center and projects an economic impact to Seminole County of over \$600,000.

Seminole county enjoys the benefit of a good relationship with the Central Florida Sports Commission and we have successfully worked in partnership to promote other sporting events.

The Tourist Development Council recommends this expenditure in the amount of \$8,000 which is available and approved in the Tourism Development budget for FY 03-04.

Attached is the Got Milk? Economic Impact Statement for FY 02-03 showing total direct economic impact of over \$303,000. The event also had over 2,400 room nights for area hotels.

Reviewed by:	<i>[Signature]</i>
Co Atty:	<i>[Signature]</i>
DFS:	<i>[Signature]</i>
Other:	_____
DCM:	<i>[Signature]</i>
CM:	<i>[Signature]</i>
File No.:	CTD01

**GOT MILK? 3X3 SOCCER SHOOTOUT REGIONAL CHAMPIONSHIPS**

**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 CENTRAL FLORIDA SPORTS COMMISSION**, a Florida municipal corporation, whose address is 126 East Lucerne Circle, Orlando, Florida 32801, hereinafter referred to as "CFSC".

**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 Complexes, sports arenas, coliseums or auditoriums within the boundaries of the COUNTY's special taxing district in which the tax is levied; and

**WHEREAS**, the Seminole County Sports Training Center hereinafter referred to as "Center," is a publicly owned and operated sports stadium within the boundaries of Seminole County, Florida; and

**WHEREAS**, the COUNTY, in coordination with the Tourist Development Council, appropriated Tourist Development Tax Revenues to promote and continue operation of the Center for hosting the Got Milk? 3X3 Soccer Shootout Regional Championships; hereinafter referred to as "Event," to take place at the Center; and

**WHEREAS**, the COUNTY desires CFSC to place the tournament guarantee to Host Communications in order to secure the Event for the Center,

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

**Section 1. Term.** The term of this Agreement is from October 1, 2003, through September 30, 2004, 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 CFSC 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 CFSC after CFSC has received notice of termination. Upon said termination, CFSC shall immediately refund to the COUNTY, or otherwise utilize as the COUNTY directs, any unused funds provided hereunder.

**Section 3. Services.** CFSC shall use funds from this Agreement to place the tournament guarantee to Host Communications in order to secure the Event.

**Section 4. Liability.** COUNTY, its Commissioners, officers, employees and agents shall not be deemed to assume any liability for the acts, omissions and negligence of CFSC, its officers, employees and agents in the performance of services provided hereunder.

**Section 5. Billing and Payment.** The COUNTY hereby agrees to provide funds to CFSC up to a maximum sum of EIGHT THOUSAND AND NO/100 DOLLARS (\$8,000.00) for placement of the tournament guarantee as provided above. Said funds are reimbursable upon:

(a) Receipt by the COUNTY of a Request for Funds Form, attached hereto and incorporated herein as Exhibit "B," from CFSC requesting all or part of the above amount. The Request for Funds Form shall be completed properly with original invoices and copies of checks as documentation attached thereto. Such request by CFSC shall only be for the bid specifically provided for herein;

(b) Verification by the Seminole County Convention & Visitors Bureau Director that CFSC 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, CFSC shall maintain books, records and accounts of all activities in compliance with normal accounting procedures. Each Request for Funds Form shall detail costs incurred. CFSC shall submit an interim Narrative Progress Report Form, attached hereto and incorporated herein as Exhibit "C," with the Request for Funds Form. Additionally, CFSC 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 CFSC 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.** CFSC 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 CFSC as provided hereinafter. The COUNTY shall not be obligated to pay for any services provided or costs incurred by CFSC after CFSC has received such notice of termination. In the event there are any unused COUNTY funds, CFSC shall promptly refund those funds to the COUNTY, or otherwise use such funds as the COUNTY directs.

**Section 9. Access to Records.** CFSC shall allow the COUNTY, its duly authorized agent and the public access to such of CFSC'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.** CFSC 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 CFSC:**

Randy Johnson, President  
The Central Florida Sports Commission  
126 East Lucerne Circle  
Orlando, Florida 32801

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, CFSC 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 CFSC as

provided hereinabove.

**Section 15. Conflict of Interest.**

(a) CFSC 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.

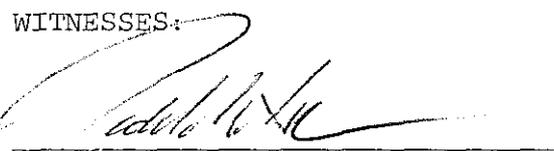
(b) CFSC hereby certifies that no officer, agent or employee of the COUNTY has any material interest (as defined in *Section 112.312(15), Florida Statutes*, as over 5%) either directly or indirectly, in the business of CFSC to be conducted here, and that no such person shall have any such interest at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

(c) Pursuant to *Section 216.347, Florida Statutes*, CFSC 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.

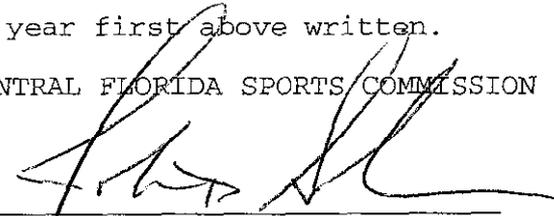
**IN WITNESS WHEREOF**, the parties to this Agreement have caused their names to be affixed hereto by the proper officers thereof for the purposes herein expressed on the day and year first above written.

WITNESSES:

THE CENTRAL FLORIDA SPORTS COMMISSION



By:

  
JOHN P. SABOOR  
Executive Director

March 30, 2004

Date:

March 30, 2004

ATTEST:

BOARD OF COUNTY COMMISSIONERS  
SEMINOLE COUNTY, FLORIDA

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

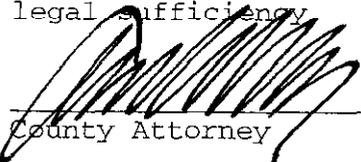
By: \_\_\_\_\_  
DARYL G. MCLAIN, Chairman

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

AC/lpk  
3/16/04 3/22/04  
GOTMILK

Attachments:

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

**PROJECT EXPENSES:**

Bid Fee	\$	8,000.00
	\$	
	\$	
Total Tourism Funds:	\$	8,000.00

**Other Project Expenses**

Facility Rental	\$	2,000.00
	\$	
	\$	
	\$	
	\$	
Total Other Project Expenses:	\$	2,000.00

<b>TOTAL PROJECT EXPENSES</b>	\$	<b>10,000.00</b>
<b>Profit (Loss)</b>	\$	<b>0.00</b>



EXHIBIT " B"

REQUEST FOR FUNDS

SEMINOLE COUNTY TOURISM DEVELOPMENT  
 1230 DOUGLAS AVENURE, #112, LONGWOOD FL 32778

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>
_____	_____	_____
_____	_____	_____
_____	_____	_____
<b>TOTALS</b>	_____	_____

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  
Got Milk ? 3V3  
Economic Impact 02-03

EVENT FACTORS	Quantity	Multiplier	Event days	Total
How much will event organizers spend locally?				\$ 17,000.00
How many adult out-of-town participant days expected?	700	\$ 102.00	2	\$ 142,800.00
How many youth out-of-town participant-days are expected?		\$ 51.00		\$ -
How many out-of-town fan-days are expected?	1400	\$ 51.00	2	\$ 142,800.00
How many out-of-town media-days are expected?	5	\$ 102.00	2	\$ 1,020.00
How many in-state attendance/participant days are expected?		\$ 68.00		\$ -
What is the expected event-site spending?				\$ -
What other expenditures, if any, are anticipated?				\$ -
Total direct impact =				\$ 303,620.00
	Output multiplier	1.73	Total output impact	\$ 525,262.60
		Employment impact		10.6267
		Total earnings impact		163954.8
Local option sales tax				\$ 3,951.61
Transient lodging tax				\$ 1,821.72
Local option gasoline tax				\$ 832.10
Occupational license tax rev.				\$ -
Payment for use of public facility				\$ -
Total gross revenue				\$ 6,605.43
Funds expended by local government to attract the event or team				\$ -
Cost of additional public services required by the event or team				\$ -
Additional items				\$ -
Total expenditures				\$ -
Gross revenue				\$ -
Net revenue				\$ 6,605.43
				\$ 6,605.43