

FOR EXPENDITURES DURING THE PERIOD: 10/1/2014 thru 9/30/2015

HISTORICAL RESTORATION AND PRESERVATION: Texas Tax Code, Sec. 351.101(a)(5): *Historical restoration and preservation projects or activities or advertising and conducting solicitations and promotional programs to encourage tourists and convention delegates to visit preserved historic sites or museums: (a) at or in the immediate vicinity of convention center facilities or visitor information centers; or (b) located elsewhere in the municipality or its vicinity that would be frequented by tourists and convention delegates.*

Name of Organization: _____

Name of Restoration Event/Project: _____

Date of Restoration Event/Project: _____

Location of Restoration Event/Project: _____

FY14-15 Funding Requested: _____ FY14-15 Funding Received: _____

How were the funds used? _____

How many years have you held this Event/Project? _____

Restoration Event/Project Funding:

Percentage of Project costs paid with HOT funds: _____ Amount: \$ _____

Percentage of facility costs paid with HOT funds: _____ Amount: \$ _____

Percentage of staff costs paid with HOT funds: _____ Amount: \$ _____

If staff costs were paid, estimate the actual hours staff spent on Event: _____

Did the Event charge admission? _____ If yes, how much? _____

Was there a net profit from the Event? _____ If yes, how much? _____

What will the net profits be used for? _____

Restoration Event/Project Attendance:

How many people attended (estimated)? _____

Was a room block at an area hotel established? _____. If yes, at what hotel(s)? _____

How many rooms were blocked? _____ How many rooms were used? _____

How many total room nights were generated by attendees of this Event? _____

What method did you use to determine the number of rooms? _____

Did you negotiate a special rate or hotel/event package to attract overnight stays? _____

If no hotel rooms were blocked for this Event, please explain why: _____

Additional Event/Project Information:

Did you utilize local businesses for food, supplies, materials, printing, etc...? _____

If yes, please explain: _____

Certification

The undersigned certifies that he/she is the authorized representative of the organization stated above and is the applicant who was awarded FY2014-15 funding by the Brenham - Washington County Hotel Occupancy Tax Board and states that this Post Event Report and all attachments are a true representation of the organization and event/project funded. The undersigned also agrees to hold harmless and blameless the Hotel Occupancy Tax Board of the City of Brenham and Washington County, the City of Brenham and Washington County, their employees, agents, and funders from loss, theft, damage, or injury to any materials submitted in response to this grant or any individual participating in this event/project.

Name of Contact Person: _____

Contact Person's Email: _____

Signature _____

Date _____

PLEASE SUBMIT THIS FORM WITHIN NINETY (90) DAYS OF EVENT/PROJECT

OR OCTOBER 31, 2015, WHICHEVER IS EARLIER

SEND TO:

Hotel Occupancy Tax Board

Attention: Jeana Bellinger

P.O. Box 1059

Brenham, TX 77834-1059

DELIVER TO:

Hotel Occupancy Tax Board

Attention: Jeana Bellinger

200 W. Vulcan, Suite 206

Brenham, TX 77833