



Hancock County Tourism Commission
Final Grant Report
Hancock County Tourism & Visitor Center Office 119 W. North St., Greenfield, IN 46140
317-477-8687 ♦ info@visitinhancock.org ♦ www.visitinhancock.org

Applicant Information

Company, Business or Organization Name Applying for the Grant:

Hancock Health Foundation

Contact Person and Title: Laura Baker, Congregational Network Navigator, Flat 50 Steering Committee leader

Mailing Address: 801 North State St

City: Greenfield State: IN Zip: 46140

Preferred Phone Number: 317-468-4142 Alternate Number: 317-403-0367

Email: lbaker2@hancockregional.org

Event or Project Information

Describe the project or event: The Hancock Flat 50 is an annual event with bicycle ride of either 25 or 50 miles throughout Hancock County. The event also features a festival with music, food and drinks held at the North Street Living Alley. The Hancock Flat 50 Supports Hancock County by building connections between citizens across the country through enjoyment of and interest of cycling.

If this was an event, what was your attendance? 425 cyclist plus local spectators, friends, family and volunteers.

How did you/will you track outside visitors to your event or project?

We collect information of each participant via an online systems as well as same day paper form.

If your event has already happened can you provide out of county statistics?

71.4% of riders were from out of county. 12% were from out of state. 6 states including Indiana represented Illinois, Kentucky, Michigan, Ohio, Texas.

How did you engage/are you engaging the county hotel industry in your event or project?

Made collaborative effort with 2 local hotels, Hampton Inn and Holiday Inn to offer discounts on overnight stays

Advertised discounts on website, on confirmation emails and sent out emails to all out of county guest with discount information. We offered free gifts to all participants who stayed at local hotels. Reached out to local hotels to cross check attendance.

Where did you place the Hancock County Tourism logos as a sponsor of your event or attraction?

Tourism logo was placed on website, sponsor banner, event guide and recognized on social media.



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Tourism Support Budget

What was the total amount that you received as grant support from the Tourism Commission?
\$15,000

Please provide a breakdown of the expenditures that were paid using Tourism grant monies.
Please attach a copy of all receipts. You may attach a separate budget breakdown.

Project Needs Description: Advertising, print, social media, website. Merchandise to promote event.

(i.e. advertising, project support, studies or plans, operating expenses)

\$ 8,000	Social media
\$ 4,000	Event banner, signage, event guide
\$ 4014.59	Merchandise-Drawstring bags, decals, tire lever, water bottle for promotion of event and give-a-ways at local hotels
\$	

Were there any unspent Tourism funds? Yes or ☒ No?

If yes, state the amount, and submit a check made out to the Hancock County Tourism Commission: _____

Signature

I hereby submit this report and supportive documents for the final tourism grant report. I have certified that all of the information contained in this report is true, complete and accurate.

Applicant Signature: _____ Date: _____

Title: Hancock Health Congregational Network Navigator, Hancock Flat 50 Coordinator

Company or Business Name: Hancock Health Foundation

2019 Hancock County Tourism Commission Grant Report



Budget Report:

Income		
Source	Type	Amount
Hancock County Tourism Commission	Grant	\$15,000
Hancock Regional Hospital	Sponsorship	\$ 2,000
2018 Profit Margin		\$ 8,536.95
Total other sponsorships	Individual/Businesses	\$ 5,000
Event Registration and Merch sales	Individual registrations	\$19,749.92
	Total Income	\$50,286.87

Expenses	
Category	Amount
Media + Merchandise	\$18,404.47
Support Services and permit	\$ 610.00
Start/Finishline Festival and sag	\$14,650.00
Total Expenses	\$33,664.47

*Media/Merchandise costs exceeded the \$15,000 received in the Hancock County Tourism Grant. Other sponsorships covered the added expense.

Total Income	\$50,286.87
Total Expense	\$33,664.47
Net Profit	\$16,622.40

Event Website: www.hancockflat50.com

Event Social Media: www.Facebook.com/hancockflat50

Participation

Total Registrations: 424 Registrations

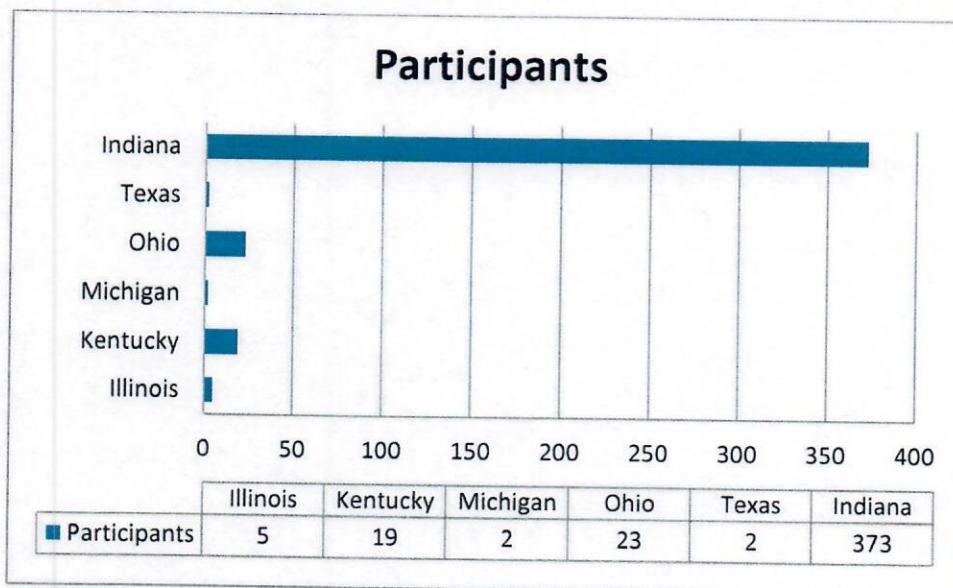
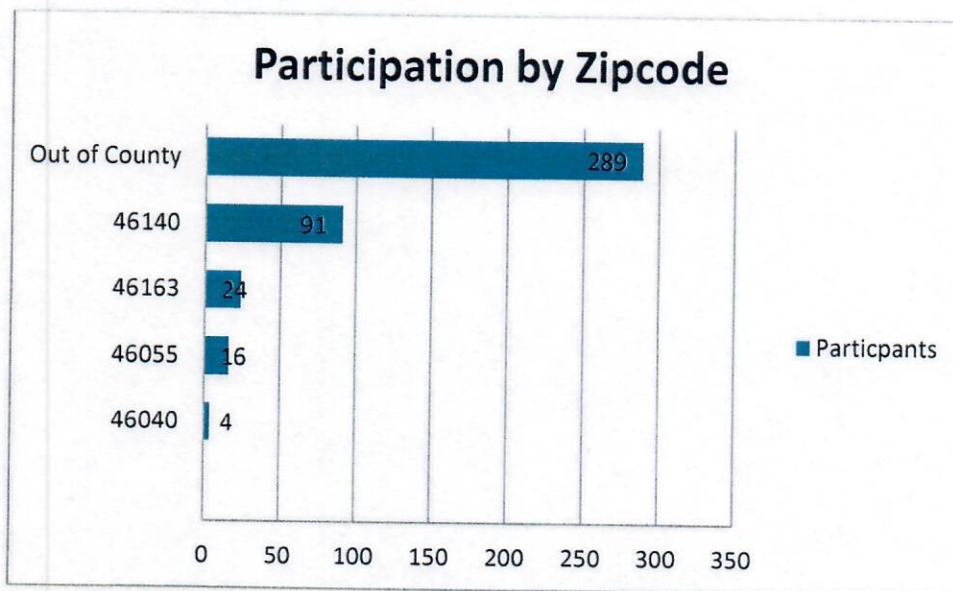
Total Hotel Registered Stays: 10 rooms were rented prior that used discount

Hancock County Participants: 135 – total 32% of riders

Out of County Participants: 289 – total 68% of riders

Indiana Participants: 373 – total 88% of riders

Out of State participants: 51 – total 12% of riders



Daily Reporter

ADVERTISING
INVOICE and STATEMENT

PAGE # 2 of 2 BILLING DATE 08/31/19
BILLED ACCOUNT NUMBER G11201988
ADVERTISER CLIENT NUMBER (317) 468-4142

BILLING PERIOD 201908 ADVERTISER CLIENT NAME Hancock Flat 50
TOTAL AMOUNT DUE 12,000.00 UNAPPLIED AMOUNT 0.00 TERMS OF PAYMENT 25th of month
CURRENT NET AMOUNT DUE 12,000.00 30 DAYS 0.00 60 DAYS 0.00 OVER 90 DAYS 0.00

Hancock Flat 50
Attn: Amanda Everidge
801 N. State St.
Greenfield IN 46140

Daily Reporter

AIM Media Indiana
PO Box 3213
McAllen TX 78502-3213

TERMS Due by 25th of month following month of publication. 1 1/2% per month (18% per annum) added if payment not received by 30th of month. \$20 Fee charged on returned checks.

PLEASE DETACH AND RETURN UPPER PORTION WITH YOUR REMITTANCE

DATE	NEWSPAPER REFERENCE	DESCRIPTION OTHER COMMENTS/CHARGES	SALE SIZE BILLED UNITS	TIMES RUN	GROSS AMOUNT	NET AMOUNT
08/17/19	Ord:35016879	25 Mile Directional Sign 08/17/2019 Daily Reporter, Printing Charge, Display	1.00	1		
08/17/19	Ord:35016879	20/50 Split Sign 08/17/2019 Daily Reporter, Printing Charge, Display	1.00	1		
08/17/19	Ord:35016968	Recovery Zone Sign 08/17/2019 Daily Reporter, Printing Charge, Display	1.00	1		
08/31/19	Ord:35018842	Flat 50 Printing 08/31/2019 Daily Reporter Other PM No Graphics, Display	1.00	1	3,800.00	3,800.00
08/31/19	Ord:35019190	Flat 50 Save the Date Magnets 08/31/2019 Daily Reporter Other PM No Graphics, Display	1.00	1	200.00	200.00
08/31/19	Ord:60033273	FACEBOOK ADVERTISING 08/31/2019 Daily Reporter Internet, Digital AIM Media Facebook Adverti	1.00	1	8,000.00	8,000.00

Nancy 9-10-19
Approved Date

8802.0002

STATEMENT OF ACCOUNT

AGING OF PAST DUE AMOUNTS

CURRENT NET AMOUNT DUE	30 DAYS	60 DAYS	OVER 90 DAYS	UNAPPLIED DUE	TOTAL AMOUNT DUE
12,000.00	0.00	0.00	0.00		12,000.00

Daily Reporter

PO Box 3213 McAllen TX 78502-3213
(312) 379-5612 Fax (312) 379-5706

*UNAPPLIED AMOUNTS ARE INCLUDED IN *TOTAL AMOUNT DUE

ADVERTISER INFORMATION
BILLING PERIOD 201908 BILLED ACCOUNT NUMBER G11201988 ADVERTISER CLIENT NUMBER (317) 468-4142 ADVERTISER CLIENT NAME Hancock Flat 50

CUSTOMER COPY

Daily Reporter

ADVERTISING
INVOICE and STATEMENT

1	BILLING PERIOD	2	ADVERTISER/CLIENT NAME
	201908		Hancock Flat 50
23	TOTAL AMOUNT DUE	24	*UNAPPLIED AMOUNT
	12,000.00		
21	CURRENT NET AMOUNT DUE	22	30 DAYS
	12,000.00		0.00
		60 DAYS	0.00
		OVER 90 DAYS	0.00

TERMS OF PAYMENT
25th of month

4	PAGE #	5	BILLING DATE
	1 of 2		08/31/19
6	BILLED ACCOUNT NUMBER		
	G11201988		
7	ADVERTISER/CLIENT NUMBER		
	(317) 468-4142		

Hancock Flat 50
Attn: Amanda Everidge
801 N. State St.
Greenfield IN 46140

Daily Reporter

AIM Media Indiana
PO Box 3213
McAllen TX 78502-3213

TERMS: Due by 25th of month following month of publication. 1 1/2% per month (18% per annum) added if payment not received by 30th of month. \$20 Fee charged on returned checks.

PLEASE DETACH AND RETURN UPPER PORTION WITH YOUR REMITTANCE

10	DATE	11	NEWSPAPER REFERENCE	12-13-14	DESCRIPTION OTHER COMMENTS/CHARGES	15	SAU SIZE	17	TIMES RUN	19	GROSS AMOUNT	20	NET AMOUNT
	07/31/19				Balance Brought Forward								800.00
	08/13/19				Payment, Check No.3454								-800.00
	08/13/19	Ord:35015896			Flat 50 Program				1				
					08/13/2019								
					Daily Reporter, Printing Charge, Display		1.00						
	08/16/19	Ord:35015896			Flat 50 Program				1				
					08/16/2019								
					Daily Reporter, Printing Charge, Display		1.00						
	08/17/19	Ord:35016860			Bike Crossing Sign				1				
					08/17/2019								
					Daily Reporter, Printing Charge, Display		1.00						
	08/17/19	Ord:35016862			Sponsor Banner				1				
					08/17/2019								
					Daily Reporter, Printing Charge, Display		1.00						
	08/17/19	Ord:35016869			VIP Parking Sign				1				
					08/17/2019								
					Daily Reporter, Printing Charge, Display		1.00						
	08/17/19	Ord:35016873			Merchandise Flex Sign				1				
					08/17/2019								
					Daily Reporter, Printing Charge, Display		1.00						
	08/17/19	Ord:35016874			14x12 Yard Signs				1				
					08/17/2019								
					Daily Reporter, Printing Charge, Display		1.00						
	08/17/19	Ord:35016875			SAG 3 Sign				1				
					08/17/2019								
					Daily Reporter, Printing Charge, Display		1.00						
	08/17/19	Ord:35016876			SAG 4 Sign				1				
					08/17/2019								
					Daily Reporter, Printing Charge, Display		1.00						

STATEMENT OF ACCOUNT

AGING OF PAST DUE AMOUNTS

21	CURRENT NET AMOUNT DUE	22	30 DAYS	60 DAYS	OVER 90 DAYS	24	*UNAPPLIED DUE	23	TOTAL AMOUNT DUE
	12,000.00		0.00	0.00	0.00				12,000.00

Daily Reporter

PO Box 3213, McAllen TX 78502-3213
(812) 379-5612 Fax (812) 379-5706

*UNAPPLIED AMOUNTS ARE INCLUDED IN TOTAL AMOUNT DUE

25	BILLING PERIOD	26	BILLED ACCOUNT NUMBER	27	ADVERTISER/CLIENT NUMBER	28	ADVERTISER/CLIENT NAME
	201908		G11201988		(317) 468-4142		Hancock Flat 50

CUSTOMER COPY



Remit Payment to:
7935 Beechwood Ct.
Urbandale, IA 50322

Invoice

Date	Invoice #
8.13.2019	102307

Bill To
Hancock Regional Hospital 801 N State St. Greenfield, IN 46140

Ship To
Hancock Regional Hospital ATTN: Amanda Everidge 801 N State St. Greenfield, IN 46140

Terms	Due Date	S.O. No.	P.O. No.	Rep	Delivery Date
Net 30 by Check	9/12/2019	102307		DA	7/30/2019

Description	Rate	Invoiced	Amount
The Mighty Shot 24oz Bike Bottle Bottle Color: Red Lid Color: Red Imprint: Hancock Flat 50 logo	1.90	500	950.00T
Setup Fee	65.00	1	65.00T
Shipping & Handling	138.52	1	138.52T
<p>x <i>Nancy A</i> 8-13-19 Approved Date 8802.0602</p>			
Total			\$1,203.52

1.5% SERVICE CHARGE IF NOT PAID WITH 30 DAYS OR WITHIN THE TERM TIME SET ABOVE - WHICHEVER IS GREATER.
ALL INVOICES OVER \$2,000.00 MUST BE PAID BY CHECK OR ACH BANK TRANSFER

Please make checks payable to: Bluefish Promotional Marketing
Remit to: 7935 Beechwood Ct. Urbandale, IA 50322

Payments/Credits	\$0.00
Balance Due	\$1,203.52

Cell Phone	Office Phone	Email	Website
(402) 917-2353	(515) 782-8953	Mindee@bluefishmkt.com	Bluefishmkt.com



Remit Payment to:
7935 Beechwood Ct.
Urbandale, IA 50322

Invoice

Date	Invoice #
8/13/2019	102324

Bill To
Hancock Regional Hospital 301 N State St. Greenfield, IN 46140

Ship To
Hancock Regional Hospital ATTN: Laura Baker 301 N State St. Greenfield, IN 46140

Terms	Due Date	S.O. No.	P.O. No.	Rep	Delivery Date
Net 30 by Check	9/12/2019	102324		D.A	8/13/2019

Description	Rate	Invoiced	Amount
Oriole Reflective Drawstring Bag Imprint: Hancock Flat 50 logo in black	2.39	400	956.00 T
Setup Fee	50.00	1	50.00 T
Shipping & Handling FedEx tracking: 108015360022 108015360033	79.20	1	79.20 T
<p><i>Nancy [Signature]</i> 8-13-19 Approved Date 8802.0002</p>			
Total			\$1,085.20

1.5% SERVICE CHARGE IF NOT PAID WITH 30 DAYS OR WITHIN THE TERM TIME SET ABOVE - WHICHEVER IS GREATER.
ALL INVOICES OVER \$2,000.00 MUST BE PAID BY CHECK OR ACH BANK TRANSFER

Please make checks payable to: Bluefish Promotional Marketing
Remit to: 7935 Beechwood Ct. Urbandale, IA 50322

Payments/Credits	\$0.00
Balance Due	\$1,085.20

Cell Phone	Office Phone	Email	Website
(402) 917-2353	(515) 782-8953	Mindee@bluefishmkt.com	Bluefishmkt.com



Remit Payment to:
7935 Beechwood Ct.
Urbandale, IA 50322

Invoice

Date	Invoice #
8.13.2019	102306

Bill To
Hancock Regional Hospital 301 N State St. Greenfield, IN 46140

Ship To
Hancock Regional Hospital ATTN: Amanda Everidge 301 N State St. Greenfield, IN 46140

Terms	Due Date	S.O. No.	P.O. No.	Rep	Delivery Date
Net 30 by Check	9/12/2019	102306		DA	7/30/2019

Description	Rate	Invoiced	Amount
Oval, Window Decal Imprint: The Annual Hancock Flat 50	0.77	500	385.00T
Shipping & Handling	19.31	1	19.31T
<p>X <i>Nancy</i> 8-13-19</p> <p>Approved Date</p> <p>8802-0002</p>			
Total			\$404.31

1.5% SERVICE CHARGE IF NOT PAID WITH 30 DAYS OR WITHIN THE TERM TIME SET ABOVE - WHICHEVER IS GREATER.
ALL INVOICES OVER \$2,000.00 MUST BE PAID BY CHECK OR ACH BANK TRANSFER

Please make checks payable to: Bluefish Promotional Marketing
Remit to: 7935 Beechwood Ct. Urbandale, IA 50322

Payments/Credits	\$0.00
Balance Due	\$404.31

Cell Phone	Office Phone	Email	Website
(402) 917-2353	(515) 782-8953	Mindee@bluefishmkt.com	Bluefishmkt.com



Remit Payment to:
7935 Beechwood Ct.
Urbandale, IA 50322

Invoice

Date	Invoice #
8/13/2019	102305

Bill To
Hancock Regional Hospital 801 N State St. Greenfield, IN 46140

Ship To
Hancock Regional Hospital ATTN: Amanda Everidge 801 N State St. Greenfield, IN 46140

Terms	Due Date	S.O. No.	P.O. No.	Rep	Delivery Date
Net 30 by Check	9/12/2019	102305		DA	7/31/2019

Description	Rate	Invoiced	Amount
Tire Lever Set of 3 Imprint: hancockflat50.com	2.42	500	1,210.00T
Setup Fee	75.00	1	75.00T
Shipping & Handling	36.56	1	36.56T
<p>X <u>Nancy A</u> 8-13-19 Approved Date</p> <p>8356 800 2.0602</p>			
Total			\$1,321.56

1.5% SERVICE CHARGE IF NOT PAID WITH 30 DAYS OR WITHIN THE TERM TIME SET ABOVE - WHICHEVER IS GREATER.
ALL INVOICES OVER \$2,000.00 MUST BE PAID BY CHECK OR ACH BANK TRANSFER

Please make checks payable to: Bluefish Promotional Marketing
Remit to: 7935 Beechwood Ct. Urbandale, IA 50322

Payments/Credits	\$0.00
Balance Due	\$1,321.56

Cell Phone	Office Phone	Email	Website
(402) 917-2353	(515) 782-8953	Mindee@bluefishmkt.com	Bluefishmkt.com