



# FY ~~2026-2027~~2025-2026 Marketing Support Program application

1.

*I, have read and understand the policies/procedures within the FY 2026-2027 Marketing Support Program Criteria. \**

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Sign name using mouse or touch pad

Signature of

**2) Which best describes your event/year-round programming? \***

Cultural

Sports

### **3) ORGANIZATION INFORMATION\***

Name of organization hosting event/year-round programming:

\_\_\_\_\_

Organization address: \_\_\_\_\_

State: \_\_\_\_\_

City: \_\_\_\_\_

Zip: \_\_\_\_\_

Primary contact name: \_\_\_\_\_

Primary contact phone number: \_\_\_\_\_

Primary contact email: \_\_\_\_\_

Secondary contact name: \_\_\_\_\_

Secondary contact phone number: \_\_\_\_\_

Secondary contact email: \_\_\_\_\_

Organization website address: \_\_\_\_\_

**4) Which best describes your organization? \***

501(C)(3)

For profit, LLC, Inc., etc.

Other - please be specific: \_\_\_\_\_ \*

**5) What is your Federal Employee ID number?\***

\_\_\_\_\_

**6) Are you completing this application for an event or year-round programming?\***

Event - single or multi-day festival, surfing contest, running race, Main Street organizations, etc.

Year-round programming - theater, symphony, concerts, museum, etc.

**7) EVENT INFORMATION - #1\***

Name of event: \_\_\_\_\_

Event website address (if different from organization website):

\_\_\_\_\_

Event location: \_\_\_\_\_



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**8) What is the first date of your event?\***

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**9) In total, how many days will your event be held?\***

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- 11
- 12
- 13
- 14
- 15
- 16
- 17
- 18
- 19
- 20
- 21+

**10) Do you have a second event?\***

- Yes

No

**11) EVENT INFORMATION - #2\***

Name of event: \_\_\_\_\_

Event website address (if different from organization website):  
\_\_\_\_\_

Event location: \_\_\_\_\_

**12) What is the first date of your event?\***

\_\_\_\_\_

**13) In total, how many days will your event be held?\***

1

2

3

4

5

6

7

8

9

10

11

12

13

14

15

16

17

18

19

- 20
- 21+

**14) Do you have a third event?\***

- Yes
- No

**15) EVENT INFORMATION - #3\***

Name of event: \_\_\_\_\_

Event website address (if different from organization website):  
\_\_\_\_\_

Event location: \_\_\_\_\_

**16) What is the first date of your event?\***

\_\_\_\_\_

**17) In total, how many days will your event be held?\***

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- 11
- 12

- 13
- 14
- 15
- 16
- 17
- 18
- 19
- 20
- 21+

**18) What types of marketing do you plan to do for this event?\***

- Billboards
- Digital advertising (banner ads, etc.)
- Direct mail
- Radio
- Search advertising (pay-per-click, etc.)
- Social hashtags
- Social media (Facebook, Instagram, YouTube, etc.)
- TV/Video
- Other - Please be specific.....: \_\_\_\_\_\*

**19) What types of marketing do you plan to do for your year-round programming?\***

- Billboards
- Digital advertising (banner ads, etc.)
- Direct mail
- Radio
- Search advertising (pay-per-click, etc.)
- Social hashtags
- Social media (Facebook, Instagram, YouTube, etc.)

[ ] TV/Video

[ ] Other - Please be specific.....: \_\_\_\_\_ \*

**20) What are your social media handles?\***

*If not applicable, please write NA.*

Facebook: \_\_\_\_\_

Instagram: \_\_\_\_\_

YouTube: \_\_\_\_\_

**21) What hashtags do you currently use?\***

*For example #SpaceCoast. If not applicable, please write NA.*

**22)**

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I, self-certify that I have read and understand Section 13.0 Terms & Conditions of the FY 2026-2027 Marketing Support Program Criteria regarding having 'appropriate sex offender and/or sexual predator background screening procedures in place' for my event/year-round programming and I will comply with this directive. \*

Clear

Sign name using mouse or touch pad

Signature of

**232) Upload a copy of your organization's IRS Determination letter.\***

*Kindly upload your document as a PDF.*

\_\_\_\_\_1

**243) Upload a copy of your organization's 990 form.\***

*Kindly upload your document as a PDF.*

\_\_\_\_\_1

**254) Upload a copy of your organization's Articles of Incorporation.\***

*Kindly upload your document as a PDF.*

\_\_\_\_\_1

**265) If you are a Florida organization, please upload a copy of your SunBiz.com account associated with your organization.**

*Go to Sunbiz.com and Search by Entity name , print and upload your PDF document called 'Detail by Entity Name'. <https://search.sunbiz.org/Inquiry/CorporationSearch/ByName>*

\_\_\_\_\_1

\_\_\_\_\_2

**276) Upload your completed W-9 form.\***

\_\_\_\_\_1

**287) Upload your completed Event Income/Expense report.\***

\_\_\_\_\_1

**298) Upload your completed Checklist.\***

*Please download the Checklist from the Landing page. Complete it and upload it as a PDF here.*

\_\_\_\_\_1

29.

### ATTESTATION

*I attest that all information in this questionnaire is true and correct. I further attest that will comply with the requirements set forth, if awarded support. \**

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Sign name using mouse or touch pad

Signature of

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**Thank You!**