

Sports & Events Grant Program Application FY22-23

(untitled)

1. Applicant Information-

What is the event title? *

(untitled)

2. Applicant Contact Information- *

Organization Name

First Name

Last Name

Job

Title

Mailing Address

Apt/Suite/Office

City

State

Zip

Email Address

Phone Number

Mobile
Phone

Website URL

(untitled)

3. Event Information-

How many days will your event be held? *

1	<input type="checkbox"/>
2	<input type="checkbox"/>
3	<input type="checkbox"/>
4	<input type="checkbox"/>
5	<input type="checkbox"/>
6	<input type="checkbox"/>
7	<input type="checkbox"/>
8	<input type="checkbox"/>
9	<input type="checkbox"/>
10	<input type="checkbox"/>
11	<input type="checkbox"/>
12	<input type="checkbox"/>
13	<input type="checkbox"/>
14	<input type="checkbox"/>
15+	<input type="checkbox"/>

4. Event Information-

Please indicate your desired first day of the event..... *

Event Dates



(untitled)

5. Please describe your event (type of sport, format, qualifying criteria, ages, etc). *

(untitled)

6. Where is the location and name of the facility of your event? *

7. Has your location, venue or facility been secured? *

☐ Yes

☐ No

Estimated Event Attendance

8. Total Participants (competitors, coaches, trainers, officials, etc...)

How many total participants are expected to attend your event? *

Out-of-State Participants

Overnight In-State Participants

Day Trip In-State Participants

9. Total Spectators (fans, family, friends, etc...)

How many total spectators are expected to attend your event? *

Out-of-State
Spectators

Overnight In-State
Spectators

Day Trip In-State
Spectators

10. Total Media (Reporters, TV, News Outlets, etc...)

How many total Media are expected to attend your event? *

Out-of-State Media

Overnight In-State Media

Day Trip In-State Media

(untitled)

11. How much event grant support are you requesting?

\$

12. What is the purpose of the financial support? *

All funding requested shall be expended upon allowable expenses and shall be reimbursed upon submission to the Space Coast Office of Tourism in accordance with all Grant Guidelines and Reimbursement Procedures if funding is awarded to the applicant.

- ☐ Paid advertising and media buys outside of Brevard County
- ☐ Site fees/costs (contract help, etc)
- ☐ Marketing and public relations
- ☐ Non-monetary awards (medals, ribbons, plaques, etc)
- ☐ Promotions
- ☐ Rights fees
- ☐ Sanction fees
- ☐ Other - please specify

*

(untitled)

13. What is the projected total number of paid room nights for your event? *

If your event is a tournament, please be sure to include any anticipated team/participant drop off expected throughout the entire event. If you do not reach 100% of your projected room nights, please note that pursuant to the grant guidelines, funding will be reduced based upon the percentage of room nights actually produced.

#

14. Have you secured hotel and/or lodging partners? *

- ☐ Yes
- ☐ No

15. Please provide the name(s) and locations of your hotel and/or lodging partners: *

(untitled)

16. EVENT HISTORY (REQUIRED)

Tell us about your event history by providing the following in a Word or PDF document.

Please provide the following information on your three most recent events regardless of location. Please create and upload a document with the following information:

Previous location & dates

Reference name & contact information

Total out-of-county participates

Total number of room nights *

Browse...

(untitled)

17. As the event organizer, have you secured liability insurance for your event?

If awarded, grantees are REQUIRED to provide a certificate of insurance no less than 30 days prior to the start of the event.

*

☐ Yes

☐ No

(untitled)

18.

ATTESTATION

I attest that I have full authority to execute this grant request and that all information in the grant application is true and correct. I further attest that I have read and understand the grant guidelines and will comply with the requirements of the grant and contract, if awarded.

*

Clear

Sign name using mouse or touch pad

Signature of

(untitled)

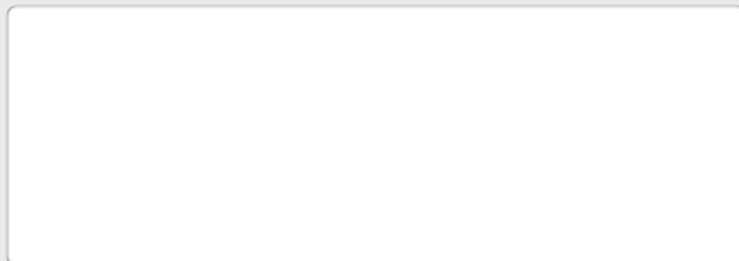
19. SPECIAL MESSAGE:

You have now completed all of the application questions. The next slide is the space for you to upload the required (4) attachments which includes your event location map, event plan/timeline/schedule, event budget and event marketing plan in order to complete the application package.

If you are not able to upload the required (4) attachments please email your (4) documents to Erinn.Stranko@VisitSpaceCoast.com.

It is mandatory that all applications are completed online and the required (4) attachments are submitted by uploading with the application or delivered to the Tourism Development Office by 5pm on May 3, 2022, no late arrivals will be accepted.

The below text box may be used to communicate anything that you need to tell us about your application.



(untitled)

20. **Required Attachments:**

Please label each with appropriate attachment number.

1. Label as Attachment (1) - Event Location Map
2. Label as Attachment (2) - Event Plan, Timeline or Schedule
3. Label as Attachment (3) - Event Budget
4. Label as Attachment (4) - Event Marketing Plan

*

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