

Major Event Grant Program

Proposed name of the event/season - _____

Name of Organization - _____

Mailing Address - _____

City, State, Zip Code - _____

Federal Employer ID # - _____

Website Address - _____

Organization Telephone - _____

Organization Email - _____

Primary Contact person (first & last name) - _____

Primary Contact person Phone - _____

Primary Contract person Email - _____

Job Title: _____

Alternative Contact person (first & last name) - _____

Alternative Contact person Phone - _____

Alternative Contact person Email - _____

Job Title: _____

(1) Which best describes your organization.....?

() Government

() Non-Profit

() Academic Institution

() Other – Please specify: _____

(2) How many days will your event be held?

- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6
- ☐ 7
- ☐ 8+

(3) Please indicate your desired first day of the event.

(4) What is the alternative first day of the event.

(5) Please provide a brief description of your organization. (This is for background information for the Committee and will not be scored)

(6) Please describe the proposed event/activities for which you are seeking funding from the 2022-2023 Major Event Grant Program. *Describe the format, ages of people who will attend, etc.*

(7) Please describe how the proposed event/activities will promote the Space Coast as a destination.

(8) Where is the event location and name of the facility where the event will be held?
Please identify the event location including parking lots, restrooms, etc.

(9) Is the facility where you intend to hold your event ADA compliant?

- ☐ yes
- ☐ no

(10) Please describe in detail any unique qualities that will create publicity opportunities on a regional or national level to promote the Space Coast.

(11) Please demonstrate how the event will have a positive impact on Brevard County tourism. Include the estimated Return on Investment (ROI) and cite the methodology used to quantify the success of the event.

(12) Do you have partners for the event that are contributing funds, in-kind donations or labor?

☐ yes

☐ no

(13) List Partner Organizations, their roles with the event and role in the event. If you have more than (3) Partners please email Deborah.Webster@VisitSpaceCoast.com.

Partner Organization Name (A)

Partner Role (A)

Match Amount (A)

Partner Organization Name (B)

Partner Role (B)

Match Amount (B)

Partner Organization Name (C)

Partner Role (C)

Match Amount (C)

- (14) Please describe your Marketing Plan that you have uploaded. Including your event goals and objectives, target audience(s), specific marketing activities, timeline and budget.
- (15) Please upload (3) letters of reference from prior events.
Each letter should include the name and date of the event on county, municipality or other such entities letterhead specifically addressing the reputation of the event promoter and quantify the success of the event. Please include contact information for the person writing the reference.
- (16) Please describe in detail how you will measure and evaluate the success of the event.
- (17) Please describe in detail other revenue streams including sponsors that you have in place now and besides additional funding why they are important to the success of your event.

Required Attachments-

- 1- Label as Attachment (1) – Event Map
- 2- Label as Attachment (2) – Event Timeline with Milestone and Deadlines
- 3- Label as Attachment (3) – Detailed Proposed Event budget FY 2022-2023 including expenses and revenue
- 4- Label as Attachment (4) – Detailed budget from most recent event
- 5- Label as Attachment (5) – Detailed Marketing Plan & Marketing budget **with minimum of five creative marketing assets, for example a screenshot of a Facebook, Instagram, etc. ad, text or MP3 link from a radio ad, poster, etc.**
- 6 - Label as Attachment (6) – Letter(s) of Commitment from Partner(s) if you have any

