

# FY 22/23 Sports Grant Program Application, Cycle 2

Response ID:3 Data

## 2. (untitled)

### 1. Applicant Information-

#### What is the event title?

ESA 2023 Southeast Regional Surfing Championships

## 3. (untitled)

### 2. Applicant Contact Information-

#### Organization Name

Eastern Surfing Association (ESA)

#### First Name

Michelle

#### Last Name

Sommers

#### Job Title

Executive Director

#### Mailing Address

PO Box 4736

#### Apt/Suite/Office

n/a

#### City

Ocean City

#### State

MD

#### Zip

21843

#### Country

#### Email Address

centralhq@surfesa.org

#### Phone Number

14102518583

**Mobile Phone**

4102518583

**Website URL**

www.surfesa.org

**Website URL**

4. (untitled)

3. **Event Information-**

**How many days will your event be held?**

3

4. **Event Information-**

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

04/21/2023

5. (untitled)

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

Surfing contest for amateur surfers from all over state of FL, AL and GA. Over 200 competitors over a three-day weekend in Melbourne Beach, Florida.

6. (untitled)

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

Paradise Beach Park, Melbourne Beach, FL

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

Yes

7. **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 : 30

Overnight In-State Participants : 150

Day Trip In-State Participants : 20

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

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

Out-of-State Spectators : 250

Overnight In-State Spectators : 750

Day Trip In-State Spectators : 5000

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

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

Out-of-State Media : 4

Overnight In-State Media : 4

Day Trip In-State Media : 2

**8. (untitled)**

**11. How much event grant support are you requesting?**

25000

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

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

Other - please specify: Live webcast

**9. (untitled)**

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

1000

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

Yes

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

The Crowne Plaza

**10. (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

[ESA\\_2022\\_SERSC\\_recap.docx](#)

### 11. (untitled)

17. As the event organizer, have you secured liability insurance for your event with a minimum of \$1,000,000 in liability coverage? If not, do you agree to secure this coverage naming Brevard County Board of County Commissioners, its officers, and employees as additional insureds?

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

Yes

### 12. (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.

A handwritten signature in black ink, appearing to read 'MBS', with a long horizontal stroke extending to the right.

Signature of: Michelle Sommers - ESA executive director

### 13. (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 Sports@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.**

#### **14. (untitled)**

---

**20. Required Attachments:**

**Please label each with appropriate attachment number.**

**Label as Attachment (1) - Event Location Map**

**Label as Attachment (2) - Event Plan, Timeline or Schedule**

**Label as Attachment (3) - Event Budget**

**Label as Attachment (4) - Event Marketing Plan**

[2023\\_ESA\\_SE\\_Regional\\_Schedule.pdf](#)

[ESA\\_2023\\_SERSC\\_Budget.pdf](#)

[ESA\\_2023\\_SERSC\\_Marketing\\_Plan.pdf](#)

[Screenshot\\_20220705-155111.jpg](#)

#### **15. Thank You!**

---

**New Send Email**

Jul 05, 2022 15:53:14 Success: Email Sent to: centralhq@surfesa.org

2. (untitled)

1. **Applicant Information-**

**What is the event title?**

Cocoa Beach Triathlon & Duathlon

3. (untitled)

2. **Applicant Contact Information-**

**Organization Name**

Smooth Running, LLC

**First Name**

Mitch

**Last Name**

Varnes

**Job Title**

Principal

**Mailing Address**

660 Cinnamon Ct.

**Apt/Suite/Office**

n/a

**City**

Satellite Beach

**State**

Florida

**Zip**

32937

**Country**

**Email Address**

mitchvarnes@gmail.com

**Phone Number**

13217597200

**Mobile Phone**

3217597200

**Website URL**

www.cocoabeachtriathlon.com

**Website URL**

4. (untitled)

3. **Event Information-**

**How many days will your event be held?**

1

4. **Event Information-**

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

04/16/2023

5. (untitled)

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

USA Triathlon sanctioned Sprint Triathlon, Duathlon and 5k run. This event is open to ages 8 to 80 and is very inclusive. For the last 2 years, the triathlon has been the US East Coast Para Triathlon Championship race and the qualifier for national championships.

6. (untitled)

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

Cocoa Beach Golf Course and Aquatic Center Area

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

Yes

7. **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 : 220

Overnight In-State Participants : 400

Day Trip In-State Participants : 300

---

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

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

Out-of-State Spectators : 280

Overnight In-State Spectators : 800

Day Trip In-State Spectators : 300

---

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

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

Out-of-State Media : 2

Overnight In-State Media : 1

Day Trip In-State Media : 4

---

**8. (untitled)**

**11. How much event grant support are you requesting?**

11500.00

---

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

Paid advertising and media buys outside of Brevard County

Site fees/costs (contract help, etc)

Promotions

Sanction fees

---

**9. (untitled)**

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

800

---

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

No

---

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

---

**10. (untitled)**

**15. 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



11. (untitled)

16. As the event organizer, have you secured liability insurance for your event with a minimum of \$1,000,000 in liability coverage? If not, do you agree to secure this coverage naming Brevard County Board of County Commissioners, its officers, and employees as additional insureds?

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

Yes

12. (untitled)

17.

### 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.

A handwritten signature in black ink that reads "M. Varnes". The letters are cursive and slightly slanted to the right.

Signature of: G Mitchell Varnes Jr.

13. (untitled)

18. **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 [Sports@VisitSpaceCoast.com](mailto:Sports@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.**

The Cocoa Beach Triathlon & Duathlon have established themselves as Central Florida's premiere sprint triathlon and duathlon races. No other such events from Jacksonville south to West Palm Beach and inward to west of Orlando hold its credibility and status for a beautiful and well run event. The majority of our athletes come from outside of Brevard County. The race has struggled with labor and production costs the past two years -- especially 2022 -- as barricading and infrastructure costs rose almost 300% over those of 2021.

This is a destination race that showcases many of the very best attributes of the Space Coast. Our mandatory day before race packet pick up assures that the majority of out of area entrants spend the night as does our 7 a.m. race start time.

We are also proud of our inclusivity. No other triathlon in Florida includes as many intellectually and physically challenged triathletes as our race. This year, we were showcased in national news as Down Syndrome athlete Chris Nikic competed in our event. The provision of additionally trained staff and safety equipment for these athletes adds costs but the return is worth it.

#### 14. (untitled)

##### **19. Required Attachments:**

**Please label each with appropriate attachment number.**

**Label as Attachment (1) - Event Location Map**

**Label as Attachment (2) - Event Plan, Timeline or Schedule**

**Label as Attachment (3) - Event Budget**

**Label as Attachment (4) - Event Marketing Plan**

[cb\\_tri\\_2022\\_chris\\_nykic\\_story\\_in\\_usa\\_today\\_sports\\_network.pdf](#)

[cb\\_tri\\_2022\\_elites\\_start.jpg](#)

[CB\\_Tri\\_22\\_para\\_triathletes\\_on\\_podium.JPG](#)

[cb\\_tri\\_run\\_golf\\_course.jpg](#)

[cb\\_tri\\_swim\\_start.jpg](#)

[cb\\_tri\\_para\\_series\\_pic.jpg](#)

[CB\\_Tri\\_&\\_Du\\_2023\\_marketing\\_plan.docx](#)

[Cocoa\\_Beach\\_triathlon\\_and\\_duathlon\\_course\\_maps.pdf](#)

[Cocoa\\_Beach\\_Triathlon\\_2023\\_Operating\\_Budget.docx](#)

[Cocoa\\_Beach\\_Triathlon\\_2023\\_Event\\_Plan,\\_Timeline\\_and\\_Schedule.docx](#)

#### 15. Thank You!

##### **New Send Email**

Jul 20, 2022 21:21:29 Success: Email Sent to: mitchvarnes@gmail.com

## 2. (untitled)

### 1. Applicant Information-

#### What is the event title?

NKF Rich Salick Surf Fest

## 3. (untitled)

### 2. Applicant Contact Information-

#### Organization Name

National Kidney Foundation of Florida

#### First Name

Savanna

#### Last Name

Lanza

#### Job Title

CEO

#### Mailing Address

5756 S. Semoran Blvd

#### Apt/Suite/Office

n/a

#### City

Orlando

#### State

Florida

#### Zip

32822

#### Country

#### Email Address

slanza@kidneyfla.org

#### Phone Number

4078947325

**Mobile Phone**

3212984437

**Website URL**

www.nkfsurf.com

**Website URL**

#### 4. (untitled)

### 3. Event Information-

**How many days will your event be held?**

3

### 4. Event Information-

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

09/02/2023

#### 5. (untitled)

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

The NKF Rich Salick Surf Fest is one of the largest charitable surfing contests in the world. Entering its 38th year of competition, the event draws competitors from all over the nation including some from other countries. The three day event concludes on Labor Day with finals in 30 amateur divisions for every age group and board type and 5 professional divisions. While the pro surfers compete for cash and artwork valued at over \$25,0000, amateurs surf for a coveted spot in the finals earning themselves a unique trophy made by local artists. The family friendly beach event features evening entertainment such as a luau on the beach and the annual Taste of Brevard and Silent Auction. All proceeds go to the National Kidney Foundation of Florida and are used for kidney patient services.

#### 6. (untitled)

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

Westgate Cocoa Beach Pier

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

Yes

#### 7. 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 : 4

Overnight In-State Participants : 100

Day Trip In-State Participants : 100

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

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

Out-of-State Spectators : 2000

Overnight In-State Spectators : 5000

Day Trip In-State Spectators : 5000

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

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

Out-of-State Media : 5

Overnight In-State Media : 10

Day Trip In-State Media : 20

**8. (untitled)**

**11. How much event grant support are you requesting?**

12,000

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

Paid advertising and media buys outside of Brevard County

Marketing and public relations

Non-monetary awards (medals, ribbons, plaques, etc)

**9. (untitled)**

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

700

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

Yes

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

Hilton Cocoa Beach

Hilton Garden Inn Cocoa Beach

Radisson Resort at the Port

Ocean Landings

The Inn on Cocoa Beach

**10. (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

[Event\\_History\\_\\_NKF\\_Surf\\_Fest.pdf](#)

### 11. (untitled)

**17. As the event organizer, have you secured liability insurance for your event with a minimum of \$1,000,000 in liability coverage? If not, do you agree to secure this coverage naming Brevard County Board of County Commissioners, its officers, and employees as additional insureds?**

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

Yes

### 12. (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.



Signature of: Savanna Lanza

### 13. (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 [Sports@VisitSpaceCoast.com](mailto:Sports@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.

#### 14. (untitled)

---

##### 20. Required Attachments:

Please label each with appropriate attachment number.

Label as Attachment (1) - Event Location Map

Label as Attachment (2) - Event Plan, Timeline or Schedule

Label as Attachment (3) - Event Budget

Label as Attachment (4) - Event Marketing Plan

[Attachment\\_\(1\)\\_-\\_Event\\_Location.pdf](#)

[Attachment\\_\(2\)\\_-\\_Event\\_Plan.pdf](#)

[Attachment\\_\(3\)\\_-\\_Event\\_Budget.pdf](#)

[Attachment\\_\(4\)\\_-\\_Marketing\\_Plan.pdf](#)

#### 15. Thank You!

---

##### New Send Email

Jul 19, 2022 10:35:28 Success: Email Sent to: [slanza@kidneyfla.org](mailto:slanza@kidneyfla.org)

# FY 22/23 Sports Grant Program Application, Cycle 2

Response ID:11 Data

## 2. (untitled)

### 1. Applicant Information-

#### What is the event title?

Space Coast Clash Soccer Tournament 2023

## 3. (untitled)

### 2. Applicant Contact Information-

#### Organization Name

Space Coast United Soccer Club

#### First Name

Lisa

#### Last Name

Girard

#### Job Title

Space Coast United Soccer Club Board Member

#### Mailing Address

2300 Judge Fran Jamieson Way

#### Apt/Suite/Office

P.O. Box 410301

#### City

Viera

#### State

FLORIDA

#### Zip

32940

#### Country

#### Email Address

lisa.girard@spacecoastsoccer.org

#### Phone Number



8609043119

**Mobile Phone**

8609043119

**Website URL**

<https://www.spacecoastsoccer.org/>

**Website URL**

4. (untitled)

3. **Event Information-**

**How many days will your event be held?**

3

4. **Event Information-**

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

04/01/2023

5. (untitled)

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

Soccer Tournament - Boys and Girls Junior and Senior Division Teams, U9 through U15 age groups, ages 8 through 15 years old.

6. (untitled)

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

Viera Regional Park and Wickham Park

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

Yes

7. **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 : 0

Overnight In-State Participants : 800

Day Trip In-State Participants : 300

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

How many total spectators are expected to attend your event?

Out-of-State Spectators : 0

Overnight In-State Spectators : 1600

Day Trip In-State Spectators : 600

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

How many total Media are expected to attend your event?

Out-of-State Media : 0

Overnight In-State Media : 0

Day Trip In-State Media : 2

### 8. (untitled)

#### 11. How much event grant support are you requesting?

15,000

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

Site fees/costs (contract help, etc)

Marketing and public relations

Non-monetary awards (medals, ribbons, plaques, etc)

Promotions

### 9. (untitled)

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

800

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

Yes

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

Traveling Sports Teams -

Email [scusc@travelingsportsteams.com](mailto:scusc@travelingsportsteams.com)

Call 480-515-9767

### 10. (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

[Attachment\\_\(5\)\\_-\\_2022\\_Space\\_Coast\\_Clash\\_Event\\_History.docx](#)

### 11. (untitled)

**17. As the event organizer, have you secured liability insurance for your event with a minimum of \$1,000,000 in liability coverage? If not, do you agree to secure this coverage naming Brevard County Board of County Commissioners, its officers, and employees as additional insureds?**

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

Yes

### 12. (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.

A handwritten signature in black ink, appearing to read "Lisa Girard", written in a cursive style.

Signature of: Lisa Girard

### 13. (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 [Sports@VisitSpaceCoast.com](mailto:Sports@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.**

#### 14. (untitled)

---

##### **20. Required Attachments:**

**Please label each with appropriate attachment number.**

**Label as Attachment (1) - Event Location Map**

**Label as Attachment (2) - Event Plan, Timeline or Schedule**

**Label as Attachment (3) - Event Budget**

**Label as Attachment (4) - Event Marketing Plan**

[Attachment\\_\(1\)\\_-\\_Space\\_Coast\\_Clash\\_Event\\_Location\\_Map.pdf](#)

[Attachment\\_\(2\)\\_-\\_2023\\_Space\\_Coast\\_Clash\\_Event\\_Plan.docx](#)

[Attachment\\_\(3\)\\_-\\_Space\\_Coast\\_Clash\\_2023.xlsx](#)

[Attachment\\_\(4\)\\_-\\_Space\\_Coast\\_Clash\\_2023\\_Marketing\\_Plan.docx](#)

#### 15. Thank You!

---

##### **New Send Email**

Jul 20, 2022 18:26:16 Success: Email Sent to: [lisa.girard@spacecoastsoccer.org](mailto:lisa.girard@spacecoastsoccer.org)

# FY 22/23 New Sports Event Development Grant Program Application

Response ID:4 Data

## 2. (untitled)

### 1. Applicant Information-

#### What is the event title?

Space Force T-Minus 10-Miler

## 3. (untitled)

### 2. Applicant Contact Information-

#### Organization Name

Air Force Marathon

#### First Name

Christopher

#### Last Name

Meister

#### Job Title

Sponsorship Coordinator

#### Mailing Address

5030 Pearson Rd.

#### Apt/Suite/Office

Building 219, Room 106

#### City

Wright-Patterson

#### State

OH

#### Zip

45433

#### Country

#### Email Address

christopher.meister.1@us.af.mil

#### Phone Number

937-257-3723

**Mobile Phone**

937-631-5398

**Website URL**

runspaceforce.com

**Website URL**

4. (untitled)

3. **Event Information-**

**How many days will your event be held?**

2

4. **Event Information-**

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

12/09/2022

5. (untitled)

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

The inaugural Space Force T-Minus 10-Miler will take place on the historic Cape Canaveral Space Force Station on December 10, 2022. It will be a 10-mile running event with the start line near Whites Point and the finish line near the famed lighthouse. Our event will feature participants from all over the United States and multiple countries. The event is open to the public (military and civilian) and will allow for spectators as well. Event participants must be 10 years of age or older. The day before the race (December 9, 2022) we will host a Health & Fitness Expo where all participants will come to pick up their race bibs and visit a variety of vendors/sponsor booths.

6. (untitled)

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

Cape Canaveral Space Force Station

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

Yes

7. **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 : 2000

Overnight In-State Participants : 1100

Day Trip In-State Participants : 1900

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

How many total spectators are expected to attend your event?

Out-of-State Spectators : 1600

Overnight In-State Spectators : 500

Day Trip In-State Spectators : 400

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

How many total Media are expected to attend your event?

Out-of-State Media : 2

Overnight In-State Media : 3

Day Trip In-State Media : 5

#### 8. (untitled)

#### 11. How much event grant support are you requesting?

20000

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

Paid advertising and media buys outside of Brevard County

Site fees/costs (contract help, etc)

Marketing and public relations

#### 9. (untitled)

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

2000

#### 10. (untitled)

#### 14. EVENT HISTORY (REQUIRED)

Tell us about your event history by providing the following in a Word or PDF document. If this is a first time event, please provide information on OTHER events which your organization has held.

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

[Event\\_History.pdf](#)

11. (untitled)

15. **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.*

No

12. (untitled)

16.

**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.

A handwritten signature in black ink, appearing to read 'Christopher F. Meister', with a large 'X' mark over the middle part of the signature.

Signature of: Christopher F. Meister

13. (untitled)

17. **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](mailto: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 or your application will be deemed incomplete.**



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

We are excited to host our event on the Space Coast and honor the birthday of the United States Space Force as well as highlight the history of the area.

Regarding our insurance, historically for our events, we fall under the United States Air Force from a liability protection standpoint. Happy to provide more information on that!

### 14. (untitled)

---

#### **18. Required Attachments:**

Please label each with appropriate attachment number.

Label as Attachment (1) - Event Location Map

Label as Attachment (2) - Event Plan, Timeline or Schedule

Label as Attachment (3) - Event Budget

Label as Attachment (4) - Event Marketing Plan

[2022-SF10M-Course-Map.pdf](#)

[Event\\_Budget\\_Template\\_Space\\_Force\\_T-Minus\\_10-Miler.xlsx](#)

[SF10M\\_Event\\_Plan.pdf](#)

[Marketing\\_Plan\\_Space\\_Force\\_T-Minus\\_10-Miler.pdf](#)

### 15. Thank You!

---

#### **New Send Email**

Jul 22, 2022 12:38:35 Success: Email Sent to: christopher.meister.1@us.af.mil

# FY 22/23 Sports Grant Program Application, Cycle 2

Response ID:4 Data

## 2. (untitled)

### 1. Applicant Information-

#### What is the event title?

Moon Golf Junior Championship at Duran Golf Club

## 3. (untitled)

### 2. Applicant Contact Information-

#### Organization Name

American Junior Golf Association

#### First Name

Adam

#### Last Name

Rogers

#### Job Title

Senior Regional Director

#### Mailing Address

1980 Sports Club Dr

#### Apt/Suite/Office

HQ

#### City

Braselton

#### State

GA

#### Zip

30517

#### Country

#### Email Address

arogers@ajga.org

#### Phone Number

7708251001

**Mobile Phone**

7708251001

**Website URL**

www.ajga.org

**Website URL**

#### 4. (untitled)

### 3. Event Information-

**How many days will your event be held?**

4

### 4. Event Information-

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

04/20/2023

#### 5. (untitled)

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

The American Junior Golf Association Moon Golf Junior All-Star at Duran will be a junior golf tournament for boys and girls ages 12-15. The AJGA hosts 130 junior events each year and this will be the first time we have come to the Space Coast in quite some time. The kids will compete over 54-holes of stroke play to crown a boy and girl champion. The event will also feature a Qualifier in which additional kids can "earn" their way into the big tournament.

#### 6. (untitled)

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

Duran Golf Club

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

No

#### 7. 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 : 70

Overnight In-State Participants : 48  
Day Trip In-State Participants : 30

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

How many total spectators are expected to attend your event?

Out-of-State Spectators : 120  
Overnight In-State Spectators : 80  
Day Trip In-State Spectators : 40

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

How many total Media are expected to attend your event?

Out-of-State Media : 0  
Overnight In-State Media : 0  
Day Trip In-State Media : 5

#### 8. (untitled)

#### 11. How much event grant support are you requesting?

7500

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

Site fees/costs (contract help, etc)  
Non-monetary awards (medals, ribbons, plaques, etc)

#### 9. (untitled)

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

350

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

No

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

#### 10. (untitled)

#### 15. 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

[Past\\_AJGA\\_Tournaments\\_in\\_Florida.docx](#)

11. (untitled)

16. As the event organizer, have you secured liability insurance for your event with a minimum of \$1,000,000 in liability coverage? If not, do you agree to secure this coverage naming Brevard County Board of County Commissioners, its officers, and employees as additional insureds?

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

Yes

12. (untitled)

17.

**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.

A handwritten signature in black ink, appearing to read 'Adam R Rogers', written in a cursive style.

Signature of: Adam R Rogers

13. (untitled)

18. **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 [Sports@VisitSpaceCoast.com](mailto:Sports@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.**

#### 14. (untitled)

---

##### **19. Required Attachments:**

**Please label each with appropriate attachment number.**

**Label as Attachment (1) - Event Location Map**

**Label as Attachment (2) - Event Plan, Timeline or Schedule**

**Label as Attachment (3) - Event Budget**

**Label as Attachment (4) - Event Marketing Plan**

[Duran\\_Golf\\_Budget.docx](#)

[Schedule\\_of\\_Events.2tee.1.4.22.docx](#)

[Marketing\\_Plan\\_-\\_Moon\\_Golf\\_Junior\\_All-Star.docx](#)

[Duran\\_Site\\_Map.PNG](#)

#### 15. Thank You!

---

##### **New Send Email**

Jul 07, 2022 14:50:38 Success: Email Sent to: arogers@ajga.org

# FY 22/23 New Sports Event Development Grant Program Application

Response ID:2 Data

## 2. (untitled)

### 1. Applicant Information-

#### What is the event title?

PBR Canada Spring Training Showcase

## 3. (untitled)

### 2. Applicant Contact Information-

#### Organization Name

Prep Baseball Report Florida

#### First Name

Doug

#### Last Name

Freeman

#### Job Title

Executive Director

#### Mailing Address

517 Southwest 14th Street

#### Apt/Suite/Office

n/a

#### City

Fort Lauderdale

#### State

FL

#### Zip

33315

#### Country

#### Email Address

dfreeman@prepbaseballreport.com

#### Phone Number

8636402293

**Mobile Phone**

18636402293

**Website URL**

prepbaserballreport.com

**Website URL**

#### 4. (untitled)

### 3. Event Information-

**How many days will your event be held?**

8

### 4. Event Information-

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

03/11/2023

#### 5. (untitled)

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

We bring down individual players as well as teams from Canada to practice and play during their spring break.

Practices run in the mornings with games in the afternoons and evenings each day.

One day also consists of a pro-style showcase workout.

This event has 14u players through Seniors in high school

#### 6. (untitled)

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

TBD/Launchpad

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

No

#### 7. 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 : 680

Overnight In-State Participants : 60

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

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

Out-of-State Spectators : 300

Overnight In-State Spectators : 40

Day Trip In-State Spectators : 40

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

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

Out-of-State Media : 10

Overnight In-State Media : 0

Day Trip In-State Media : 10

**8. (untitled)**

**11. How much event grant support are you requesting?**

20000

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

Site fees/costs (contract help, etc)

Marketing and public relations

**9. (untitled)**

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

1800

**10. (untitled)**

**14. EVENT HISTORY (REQUIRED)**

Tell us about your event history by providing the following in a Word or PDF document. If this is a first time event, please provide information on OTHER events which your organization has held.

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

[Canadian\\_Spring\\_Training.pdf](#)

11. (untitled)

---

**15. 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

12. (untitled)

---

16.

**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.

A handwritten signature in black ink, appearing to read 'Doug Freeman', is written on a white background.

Signature of: Doug Freeman

13. (untitled)

---

**17. 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](mailto: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 or your application will be deemed incomplete.**

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

---

#### 14. (untitled)

---

##### 18. Required Attachments:

Please label each with appropriate attachment number.

Label as Attachment (1) - Event Location Map

Label as Attachment (2) - Event Plan, Timeline or Schedule

Label as Attachment (3) - Event Budget

Label as Attachment (4) - Event Marketing Plan

[Attachment\\_1\\_\(1\).pdf](#)

[Attachment\\_2.pdf](#)

[Attachment\\_3\\_-\\_Registrations.pdf](#)

[Attachment\\_4.pdf](#)

[2022\\_PBR\\_Florida\\_Spring\\_Training\\_Event\\_Pickup\\_Revenue\\_Report\\_-\\_Breakdown\\_\(1\)\\_\(1\).pdf](#)

---

#### 15. Thank You!

---

##### New Send Email

Jul 18, 2022 19:09:47 Success: Email Sent to: dfreeman@prepbaserballreport.com

---