

Sports & Events Grant program - FY 2019-2020

Response ID:1 Data

2. (untitled)

1. Applicant Information-

What is the sporting or event title?

Eastern Surfing Association's 2020 Southeast Regional Surfing Championship

3. (untitled)

2. Applicant Contact Information-

Organization Name

Eastern Surfing Association (ESA)

First Name

Michelle

Last Name

Sommers

Job Title

Executive Director

Street Address

PO Box 4736

Apt/Suite/Office

n/a

City

Ocean City

State

MD

Zip

21843

Country

Email Address

centralhq@surfesa.org

Phone Number

3029881953

Fax Number

Mobile Phone

4102518583

Website URL

www.surfesa.org

Website URL

4. (untitled)

3. Event Information-

What is the name of your event....

ESA 2020 Southeast Regional Surfing Championship

4. Event Information-

How many days will your event be held?

3

5. Event Information-

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

04/17/2020

6. Event Information-

What is your alternative date?

04/24/2020

5. (untitled)

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

The ESA's Southeast Regional Surfing Championship brings the best amateur surfers from the entire state of Florida, Alabama and Georgia to Melbourne Beach for a three-day surf contest for people of all ages. This event offers youth and adult age divisions so the competitors' ages may range from 8 to 80 years old! This is a family-friendly weekend event bringing competitors and spectators from outside the area to central Florida. Competitors qualify for this regional event by surfing in their local ESA districts for an entire season earning points. From the Southeast Regional, competitors hope to get an invitation to ESA's Easterns Surfing Championship that is held every September. The ESA is a nonprofit and has been around

since 1967.

6. (untitled)

8. Where is the location of your event?

Paradise Beach Park in Melbourne Beach/Indianalantic/Indian Harbor Beach

7. (untitled)

9. Please provide the following anticipated numbers....

of Out-of-County Participants but within Florida : 200
of Out-of-County Coaches but within Florida : 30 (ESA officials)
of Out-of-County Spectators but within Florida : 600
of Out-of-State Participants : 30
of Out-of-State Coaches : 20 (ESA officials)
of Out-of-State Spectators : 100
Other : 20,000 (online viewers)

8. (untitled)

10. How much financial support are you requesting?

15,000

11. What is the purpose of the financial support?

Marketing and programming expenses
Non-monetary awards (medals, ribbons, plaques, etc)
Paid advertising and media buys outside of Brevard County
Promotions
Site fees/costs (contract help, etc)
Other - please specify: Webcast, Recap videos, computer scoring, announcers, scaffold rental, judges, competition director, photographer

9. (untitled)

12. Projected number of rooms per night-

Night One : 5
Night Two : 150
Night Three : 200
Night Four : 200
Night Five : 5

10. (untitled)

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

11. (untitled)

14. Tell us about your event history.

We are interested in the 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

[FL_Space_Coast_-_Document_1.docx](#)

12. (untitled)

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

Yes

16. What is the name of the Insurance Company?

Westpoint Insurance

13. (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 the guidelines and will comply with the requirements of the grant, if awarded.



Signature of: Michelle Sommers

14. (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 (3) attachments to complete the application package.

If you are not able to upload the required (3) attachments you must upload (3) documents (as placeholders) to complete the application and there must be an explanation in the space below and then email your (3) documents to Deborah.Webster@VisitSpaceCoast.com.

It is mandatory that all applications are completed online and the required (3) attachments are submitted by uploading with the application or delivered to the Tourism Development Office by 5pm on December 27, 2019, no late arrivals will be accepted.

The below text box may also be used to communicate anything that you need to tell us about your application. To be clear, you do need to enter some text as a placeholder to move on.

The ESA appreciates the support of the Florida's Space Coast Office of Tourism. The financial support offered in 2018 & 2019 helped the ESA provide a professionally-run surf event in Melbourne Beach. With the higher level of support awarded, the ESA will name Florida's Space Coast Office of Tourism as a presented sponsor for the SE regionals, as well as include as an ESA national sponsor for the 2020 season for Easterns, all three regional events and all local events. The logo will also be printed on the championship contest jerseys that will be used at all four ESA championship events in 2020.

15. (untitled)

19. Required Attachments:

Please label each with appropriate Attachment number.

Label as Attachment (1) - Event Location Map

Label as Attachment (2) - Event Plan

Label as Attachment (3) - Event Budget

[ESA_2020_SE_Reg_permit_and_event_set-up_diagram.pdf](#)

[ESA_2020_SE_Reg_budget.pdf](#)

[ESA_2020_SE_Regional_marketing_plan.pdf](#)

16. Thank You!

New Send Email

Nov 06, 2019 18:08:35 Success: Email Sent to: Thank you for submitting your application for the Cultural Grant Program. Your

application has been completed and received. It will be reviewed by Tourism Development Office staff for completeness and within (3) business day a follow-up email will be sent to you confirming the receipt of application and required attachments.

Sports & Events Grant program - FY 2019-2020

Response ID:6 Data

2. (untitled)

1. Applicant Information-

What is the sporting or event title?

Beach n Boards Fest

3. (untitled)

2. Applicant Contact Information-

Organization Name

Beach n Boards Fest, LLC

First Name

Mitch

Last Name

Varnes

Job Title

Event Director

Street Address

3850 South Banana River Blvd.

Apt/Suite/Office

none

City

Cocoa Beach

State

FL

Zip

32931

Country

Email Address

mitchvarnes@gmail.com

Phone Number

3217597200

Fax Number

Mobile Phone

3217597200

Website URL

www.beachnboardsfest.com

Website URL

4. (untitled)

3. Event Information-

What is the name of your event....

Beach 'n Boards Fest

4. Event Information-

How many days will your event be held?

4

5. Event Information-

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

03/12/2020

6. Event Information-

What is your alternative date?

03/12/2020

5. (untitled)

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

www.beachnboardsfest.com Beach 'n Boards Fest is the largest active lifestyle Spring Break destination event in the United States. The event features the largest and richest pro surfing contests in Florida - World Surfing League Sanctioned men's event and a men's and women's Jr. Pro competitions. It also includes the largest kayak and stand-up paddleboard fishing tournaments in Florida, the largest high school girls beach volleyball tournament in Florida, stand-up paddleboard races, a skateboard half pipe and competitions, a man-made wakeboard tank with demos by professional wakeboarders + many other activities.

Beach 'n Boards Fest is a free event. There is no charge to attend any part of the competitions.
Beach 'n Boards Fest is an alcohol and tobacco-free event and thus very family friendly.
Other than sunblock and event tee-shirts, Beach 'n Boards Fest has no onsite sales.

6. (untitled)

8. Where is the location of your event?

Shepard Park / Cocoa Beach

7. (untitled)

9. Please provide the following anticipated numbers....

of Out-of-County Participants but within Florida : 400
of Out-of-County Coaches but within Florida : 60
of Out-of-County Spectators but within Florida : 20,000
of Out-of-State Participants : 140
of Out-of-State Coaches : 6
of Out-of-State Spectators : 15,000
Other : ?

8. (untitled)

10. How much financial support are you requesting?

25,000

11. What is the purpose of the financial support?

Marketing and programming expenses
Non-monetary awards (medals, ribbons, plaques, etc)
Paid advertising and media buys outside of Brevard County
Promotions
Rights fees
Sanction fees
Site fees/costs (contract help, etc)

9. (untitled)

12. Projected number of rooms per night-

Night One : 200
Night Two : 350
Night Three : 350
Night Four : 100
Night Five : 0

10. (untitled)

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

1,000

11. (untitled)

14. Tell us about your event history.

We are interested in the 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

12. (untitled)

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

No

What is the name of the Insurance Company?

13. (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 the guidelines and will comply with the requirements of the grant, if awarded.



Signature of: Mitch Varnes

14. (untitled)

17. **SPECIAL MESSAGE:**

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The below text box may also be used to communicate anything that you need to tell us about your application. To be clear, you do need to enter some text as a placeholder to move on.

Beach 'n Boards Fest is held in a very busy time of year, and we do not charge an admission fee so it is impossible to quantify room nights and actual attendees.

The attendance and room night numbers included in this application are best estimates based on our six years of hosting this event.

15. (untitled)

18. Required Attachments:

Please label each with appropriate Attachment number.

Label as Attachment (1) - Event Location Map

Label as Attachment (2) - Event Plan

Label as Attachment (3) - Event Budget

[Event_Location_Map_Beach_n_Boards_Fest.jpg](#)

[Event_Plan_Beach_n_Boards_Fest.docx](#)

[Event_Budget_2020_Beach_n_Boards_Fest.docx](#)

16. Thank You!

New Send Email

Dec 25, 2019 11:36:07 Success: Email Sent to: Thank you for submitting your application for the Sports & Events Grant Program. Your application has been completed and received. It will be reviewed by Tourism Development Office staff for completeness and within (3) business day a follow-up email will be sent to you confirming the receipt of application and required attachments.

Sports & Events Grant program - FY 2019-2020

Response ID:5 Data

2. (untitled)

1. Applicant Information-

What is the sporting or event title?

Softball Magazine's Softball Spring Training

3. (untitled)

2. Applicant Contact Information-

Organization Name

Brevard Softball Magazine - dba Softball Magazine

First Name

Gene

Last Name

Smith

Job Title

President/Publisher

Street Address

398 Barton Blvd.

Apt/Suite/Office

office

City

Rockledge

State

FL

Zip

32955

Country

Email Address

gene.smith@softballmag.com

Phone Number

321-453-3711

Fax Number

Mobile Phone

321-432-4444

Website URL

www.softballmag.com & www.softballspringtraining.com

Website URL

4. (untitled)

3. Event Information-

What is the name of your event....

Softball Magazine's softball Spring Training

4. Event Information-

How many days will your event be held?

8

5. Event Information-

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

03/04/2020

6. Event Information-

What is your alternative date?

03/11/2020

5. (untitled)

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

The event is two (2) separate weeks with two (2) different groups of adults attending each week. Wk#1 is March 4-7 & Wk#2 is March 11-14, 2020. The event is in it's 16th year. It is adult event with ages ranging from 18 to 80 attending to improve their softball game and skills. The event is a training camp of skills, drills, scrimmages games and fun softball activities.

6. (untitled)

8. Where is the location of your event?

Space Coast Complex - Viera, FL

7. (untitled)

9. Please provide the following anticipated numbers....

of Out-of-County Participants but within Florida : 50

of Out-of-County Coaches but within Florida : 40

of Out-of-County Spectators but within Florida : 50

of Out-of-State Participants : 300

of Out-of-State Coaches : 25

of Out-of-State Spectators : 150

8. (untitled)

10. How much financial support are you requesting?

15,000

11. What is the purpose of the financial support?

Marketing and programming expenses

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

Paid advertising and media buys outside of Brevard County

Promotions

Site fees/costs (contract help, etc)

9. (untitled)

12. Projected number of rooms per night-

Night One : 300

Night Two : 300

Night Three : 300

Night Four : 300

Night Five : # of rooms

10. (untitled)

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

900

11. (untitled)

14. Tell us about your event history.

We are interested in the 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

12. (untitled)

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

Yes

16. What is the name of the Insurance Company?

KK Insurance

13. (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 the guidelines and will comply with the requirements of the grant, if awarded.



Signature of: Gene Smith

14. (untitled)

18. **SPECIAL MESSAGE:**

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package.

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The below text box may also be used to communicate anything that you need to tell us about your application. To be clear, you do need to enter some text as a placeholder to move on.

We have a sixteen year history and VERY clear reporting as to how the funds are used each year. The office had years of documented history on this event. We are also unique in two very important ways. One is we are publishers of the industries only softball magazine devoted to the sport so we deliver more exposure than almost all other applicants. Second we are a Brevard County based business so we spend \$40k to support the event it is all local money! The funds stay here and support Brevard County businesses and workers!

15. (untitled)

19. Required Attachments:

Please label each with appropriate Attachment number.

Label as Attachment (1) - Event Location Map

Label as Attachment (2) - Event Plan

Label as Attachment (3) - Event Budget

[Attachment_\(1\)_-_Event_Location_Map.pdf](#)

[Attachment_\(2\)_-_Event_Plan.pdf](#)

[Attachment_\(3\)_Event_Budget.pdf](#)

16. Thank You!

New Send Email

Dec 22, 2019 11:58:47 Success: Email Sent to: Thank you for submitting your application for the Sports & Events Grant Program. Your application has been completed and received. It will be reviewed by Tourism Development Office staff for completeness and within (3) business day a follow-up email will be sent to you confirming the receipt of application and required attachments.

Sports & Events Grant program - FY 2019-2020

Response ID:4 Data

2. (untitled)

1. Applicant Information-

What is the sporting or event title?

Thunder on Cocoa Beach

3. (untitled)

2. Applicant Contact Information-

Organization Name

Space Coast Super Boats LLC

First Name

Kerry

Last Name

Bartlett

Job Title

Director

Street Address

950 Mullet Rd

Apt/Suite/Office

1

City

Port Canaveral

State

FL

Zip

32920

Country

Email Address

kerrybartlett@beachlinemarine.com

Phone Number

321 868-5228

Fax Number

Mobile Phone

321 868-5228

Website URL

<https://www.thunderoncocoabeach.com/the-race>

Website URL

4. (untitled)

3. Event Information-

What is the name of your event....

Thunder on Cocoa Beach

4. Event Information-

How many days will your event be held?

4

5. Event Information-

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

05/14/2020

6. Event Information-

What is your alternative date?

05/14/2020

5. (untitled)

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

Space Coast Super Boats LLC is an entity founded and run by Kerry Bartlett, Kevin Pruitt, Rich Hensel, Michael Schwarz and Kathryn Theisen, that is operated through multiple communities. Thunder on Cocoa beach designed for men, women and children of all ages is an annual event that has raised money for various charities in the past, and now the Freedom Fighters, a nonprofit group fighting human trafficking, which raised over \$10,000 last year. This is a for profit event that over the years has produced only several dollars in profit due to its high overhead and the fact it is a free event. This is a multi-day event that includes Cocoa Beach, Port Canaveral, and Cape Canaveral. The Port houses all the boats and equipment for the racers,

and the event is held Sunday on Cocoa Beach. There are several events in between one being a street party in Cocoa Beach on Friday night, an all-day meet, greet and mingle with the racers on Saturday day, ending with the race on Sunday with the awards presentation in the port dry pits. Two race teams have merged, P-1 Racing and OPA Racing and we expect 80 plus boats, plus a adding a jet ski series. The success of this event is on Sunday, beach side and the impact to the port, port parking and traffic has been minimal. We look forward to your support.

6. (untitled)

8. Where is the location of your event?

Cocoa Beach

7. (untitled)

9. Please provide the following anticipated numbers....

of Out-of-County Participants but within Florida : 1000+
of Out-of-County Coaches but within Florida : 0
of Out-of-County Spectators but within Florida : 80,000-100,000
of Out-of-State Participants : 800+
of Out-of-State Coaches : 0
of Out-of-State Spectators : 300,000
Other : 17 Countries represented and viewing

8. (untitled)

10. How much financial support are you requesting?

20,000

11. What is the purpose of the financial support?

Marketing and programming expenses
Paid advertising and media buys outside of Brevard County
Site fees/costs (contract help, etc)

9. (untitled)

12. Projected number of rooms per night-

Night One : 1200
Night Two : 1200
Night Three : 1500
Night Four : 1000
Night Five : 0

10. (untitled)

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

1200 nightly

11. (untitled)

14. Tell us about your event history.

We are interested in the 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

[Thunder_History.docx](#)

12. (untitled)

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

Yes

16. What is the name of the Insurance Company?

Hawk Race Insurance

13. (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 the guidelines and will comply with the requirements of the grant, if awarded.

A handwritten signature in black ink, appearing to read "K Bartlett". The signature is stylized with a large "K" and a large "B".

Signature of: Kerry Bartlett

14. (untitled)

18. SPECIAL MESSAGE:

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Thank you for the consideration

15. (untitled)

19. Required Attachments:

Please label each with appropriate Attachment number.

Label as Attachment (1) - Event Location Map

Label as Attachment (2) - Event Plan

Label as Attachment (3) - Event Budget

[2020_Port_Map_2.jpg](#)

[2020_race_map_.jpg](#)

[Thunder_on_Cocoa_Beach_Event_Plan_2020.docx](#)

[2020_Thunder__Budget.xls](#)

16. Thank You!

New Send Email

Dec 21, 2019 13:48:28 Success: Email Sent to: Thank you for submitting your application for the Sports & Events Grant Program. Your application has been completed and received. It will be reviewed by Tourism Development Office staff for completeness and within (3) business day a follow-up email will be sent to you confirming the receipt of application and required attachments.

Sports & Events Grant program - FY 2019-2020

Response ID:7 Data

2. (untitled)

1. Applicant Information-

What is the sporting or event title?

Gateway to Space

3. (untitled)

2. Applicant Contact Information-

Organization Name

American Cancer Society

First Name

Andrea

Last Name

Boudin

Job Title

Community Development Manager

Street Address

1737 N. Clyde Morris Blvd.

Apt/Suite/Office

Suite 140

City

Daytona Beach

State

US

Zip

32117

Country

Email Address

andrea.boudin@cancer.org

Phone Number

321.473.9290

Fax Number

Mobile Phone

8134951475

Website URL

www.runsignup.com/gatewaytospace2020

Website URL

4. (untitled)

3. Event Information-

What is the name of your event....

Gateway to Space

4. Event Information-

How many days will your event be held?

2

5. Event Information-

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

02/29/2020

6. Event Information-

What is your alternative date?

02/29/2020

5. (untitled)

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

The American Cancer Society brings the fight against cancer to the historic Launch and Landing Facility (formerly known as the Shuttle Landing Facility) at Kennedy Space Center through Gateway to Space. New to 2020 is a full weekend experience starting with a family event on Saturday night that will include an extra mile fun run, an opportunity to be recognized as a cancer survivor and a ceremony to remember those we have lost to the disease in a 'Stars Among us Ceremony'. Sunday the 5K and 10K race participants will be escorted to the LLF for a race experience that's out of this world. Saturday will be a noncompetitive walk for participants of all ages

Sunday will be a timed 5K or 10K for participants who are US citizens and 12yrs old and up.

6. (untitled)

8. Where is the location of your event?

Saturday, Feb 29, 2020 at Sand Point Park, Titusville. Sunday March 1, 2020 at the Launch and Landing Facility on KSC

7. (untitled)

9. Please provide the following anticipated numbers....

of Out-of-County Participants but within Florida : 500

of Out-of-State Participants : 250

8. (untitled)

10. How much financial support are you requesting?

5,000

11. What is the purpose of the financial support?

Marketing and programming expenses

Paid advertising and media buys outside of Brevard County

Promotions

9. (untitled)

12. Projected number of rooms per night-

Night One : 200

Night Two : 50

Night Three : # of rooms

Night Four : # of rooms

Night Five : # of rooms

10. (untitled)

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

250

11. (untitled)

14. Tell us about your event history.

We are interested in the 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

[GTS_Event_History_2017_-_2019.docx](#)

12. (untitled)

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

Yes

16. What is the name of the Insurance Company?

USI Insurance Services

13. (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 the guidelines and will comply with the requirements of the grant, if awarded.



Signature of: Andrea Boudin

14. (untitled)

18. SPECIAL MESSAGE:

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The below text box may also be used to communicate anything that you need to tell us about your application. To be clear, you do need to enter some text as a placeholder to move on.

Deborah, Please forgive my late application. It appears that I had the wrong deadline in my calendar. While we may not be awarded grant money for the 2020 year I'd love to have a conversation about 2021 and beyond.

15. (untitled)

19. Required Attachments:

Please label each with appropriate Attachment number.

Label as Attachment (1) - Event Location Map

Label as Attachment (2) - Event Plan

Label as Attachment (3) - Event Budget

[GTS_2020_Event_Location_Map.docx](#)

[GTS_2020_Event_Plan.docx](#)

[GTS_2020_Event_Budget.docx](#)

16. Thank You!

New Send Email

Dec 30, 2019 16:26:03 Success: Email Sent to: Thank you for submitting your application for the Sports & Events Grant Program. Your application has been completed and received. It will be reviewed by Tourism Development Office staff for completeness and within (3) business day a follow-up email will be sent to you confirming the receipt of application and required attachments.