



## Major Events Grant Program application FY21/22

### 1) Section #1 - Applicant Information

What is the title of the event?\*

\_\_\_\_\_

### 2) Section #1 - Applicant Information

#### Contact Information\*

Organization Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

Street Address: \_\_\_\_\_

Apt/Suite/Office: \_\_\_\_\_

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

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

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

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_

Website URL: \_\_\_\_\_

### 3) **Section #1** - Applicant Information

**Which best describes your organization....\***

☐ Government

☐ Non-Profit

☐ Academic Institution

☐ Other - Please specify: \_\_\_\_\_ \*

### 4) **Section #2** - Event Specifics:

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

☐ 1

☐ 2

☐ 3

☐ 4

☐ 5

☐ 6

☐ 7

☐ 8+

### 5) **Section # 2** - Event Specifics:

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

\_\_\_\_\_

**6) Section #2 - Event Specifics:**

**What is the alternative first day of the event?\***

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**7) Section #2 - Event Specifics:**

**Please describe your event.\***

*Please include a brief history of the event, what type of event you are proposing, describe the format, ages of people who will attend, etc.*

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**8) Section #2 - Event Specifics:**

**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.*

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**9) Section #2 - Event Specifics:**

**Is the facility where you intend to hold your event ADA compliant?\***

☐ Yes

☐ No

**10) Section #2 - Event Specifics:**

**Please articulate why the location was chosen and why this location will achieve success for the event.\***

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**11) Section #2 - Event Specifics:**

**Please provide the anticipated numbers for in-person attendees and participants for the proposed event.\***

*Please do not include virtual or streaming participants or media.*

Estimated # of Out-of-State in-person participants:

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Estimated # of Out-of-State in-person spectators:

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Estimated # of Out-of-County in-person participants:

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Estimated # of Out-of-County in-person spectators:

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Estimated # of Brevard County attendees:

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Estimated TOTAL attendees: \_\_\_\_\_

**)12) Section #2 - Event Specifics:**

**What is the projected TOTAL number of paid room nights that your event will generate?\***

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### 13) Section #2 - Event Specifics:

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

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### 14) Section #3 - Partners

**Do you have partners for the event that are contributing funds, in-kind donations or labor?\***

☐ Yes

☐ No

### 15) Section #3 - Partners

**List Partner Organizations, their roles with the event and role in the event. If you have more than (3) Partners please email Deborah at [Deborah.Webster@VisitSpaceCoast.com](mailto: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): \_\_\_\_\_

### 17) **SPECIAL MESSAGE:**

**You have now completed all of the application questions. The next slide is the space for you to upload the required (6) attachments to complete the application package.**

Please label each attachment with the correct attachment number.

*If you are not able to upload the required (6) attachments you must upload (6) documents (as placeholders) to complete the application and there must be an explanation in the space below.*

It is mandatory that all applications are completed online and the required (6) attachments are submitted by uploading with the application or delivered to the Tourist Development Office by 9am on Friday, September 24, 2021. 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. (Max 1000 characters)

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### 18) **Required Attachments:**

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

- 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 including expense and revenue**
- 4. Label as Attachment (4) - Detailed Marketing Plan & Budget**
- 5. Label as Attachment (5) - Letter(s) of Commitment from Partner(s) if you have any**
- 6. Label as Attachment (6) - 1-year Attendance Worksheet**

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1  


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2  


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3  


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4  


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5  


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6

\_\_\_\_ 7  
\_\_\_\_ 8  
\_\_\_\_ 9  
\_\_\_\_ 10

**19) 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.*

\_\_\_\_ 1  
\_\_\_\_ 2  
\_\_\_\_ 3

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**Thank You!**

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