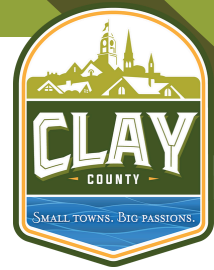


SPORTS EVENT GRANT APPLICATION



GENERAL INSTRUCTIONS

The application must be completely filled out. “Not Applicable” or “N/A” should be marked, as appropriate.

Copies of the following items should be attached to your application:

- List of Applicant’s current Officers and/or Board members (if applicable)
- Applicant’s W-9 tax form for post-Event payment (A Supplier Form may be required if new to doing business with Clay County).
- An overall and detailed marketing plan for the Event must outline the product (event), market position/competitive analysis, target audience, target markets, marketing goals, objectives, tactics, market strategy, budget, and evaluation metrics.

Please note: All final paperwork, as outlined in the application, must be submitted to the TDC within 60 days of the conclusion of the Event/Project. The request for reimbursement will be considered incomplete until all of the required forms are submitted to the TDC.

CLAY COUNTY TDC SPORTS EVENT FUNDING REQUEST APPLICATION

Room night goal - Maximum award of \$10,000 based on \$20 per verified room night or zip code. _____ rooms x _____ nights = _____ x \$20= \$ _____
(not to exceed \$10,000)

Venue Rental Expense – up to \$10,000

Multi-Day Event - \$2,500

Need period - Event occurs during Need Period (Jan, Feb, June, July, Aug, Sept, Nov, Dec) –\$2,500

Amount Requested from TDC: \$ _____ (not to exceed \$25,000)

I. General Information

1. Name of Applicant:

2. Name of Event:

3. Contact Person:

- Contact Person’s Email:
- Complete Address of Applicant:
- Cell Phone:

5. Has the Event ever received funding from a TDC? Yes No

- If yes, please list destinations, years, and amounts:

6. Intended use of funds (Refer to Grant Guidelines- (Eligible and Ineligible Uses of Funds):

II. Details about Applicant (Describe your business or organization):

III. Schedule of Event/Project:

IV. Event/Project Specific Information

1. **Event/Project name:**

2. **Type of event or project:**

3. **Dates of Event/Project:**

4. **Location of Event/Project:**

5. **Number of days:** _____ **Hours:** _____

6. **Projected number of participants, coaches, and officials per day:**

Overnight, out of state: _____ **Overnight, in-state:** _____ **Day Trip:** _____

7. **Projected number of spectators per day:**

Overnight, out of state: _____ **Overnight, in-state:** _____ **Day Trip:** _____

8. **Projected number of media, staff, and officials per day:**

Overnight, out of state: _____ **Overnight, in-state:** _____ **Day Trip:** _____

9. **Event/Project promoter (if other than Applicant):**

Name of promoter:

Company name:

Contact name:

Address:

Phone:

Email:

Website:

10. **Is this an elimination tournament (circle one)** **Yes** **No**

11. **Admission Price (if applicable):**

12. **What is the GUARANTEED MINIMUM NUMBER OF PAID ROOM NIGHTS the Event will bring to Clay County? (This is the minimum number of rooms that must be captured by the Event and documented by submitting the Room Night Certification Form within 60 days of the conclusion of the Event. The TDC reserves the right to reduce the reimbursement amount should the Event fail to meet this minimum room night guarantee.) Number of Room Nights (One hotel room occupied for one night):**

IV. Event/Project Specific Information, continued

13. How will you verify room nights?

14. Provide the previous year's event information (if applicable):

Previous Event or Project:

Date:

Location:

Total Room Nights:

Name/Phone:

Funding amount awarded:

Economic Impact:

GRANT APPLICATION CHECKLIST

Please initial next to each item and fill in the blanks below. This list must accompany the grant application.

Initials

This application is being submitted at least four months (120 days) prior to the Event start.

Date of Event:

Date of Application:

I understand that the reimbursement request must be completed and submitted to the Tourism Office with all backup and supporting material no later than 60 business days after the event ends, which will be on (date 60 days after Event ends). If the supporting documentation deadline is not met, a written, formal request must be sent to the Tourism Office before the said deadline.

I will obtain the signatures of the organization's President & Secretary on the proposed grant contract by . (date one week after the application is submitted to and accepted by the Tourism Office) I understand that I will need to enter into a Grant Agreement with the County Manager signed via Adobe Sign.

I understand that I must review the TDC Event Grant Video that explains the application, approval and reimbursement processes as outlined in event grant contract agreements.

I have included an IRS W-9 Form, and a copy of the Florida Division of Corporations form with the application. A Clay County Supplier Form must be on record.

I understand that someone representing this grant application must be available at the TDC meeting when it considers the application for funding or the application will not be considered.

I understand that no expenses incurred before the TDC recommends approval of the grant application will be reimbursed under any circumstances. I also understand that no funding has been approved until the Board of County Commissioners (BOCC) approves the execution of the Grant Contract and that no expenditures will be reimbursed if the BOCC does not approve the execution of the Grant Contract.

GRANT APPLICATION CHECKLIST

I understand that reimbursements following the Event will only be made for itemized, authorized expenses in accordance with the fully executed Grant Agreement.

I understand each reimbursement request must include copies of paid invoices, screenshots of digital ads, copies of the ad/tear sheets, invoice for reimbursement amount to the Clay County Board of County Commissioners, copy of front and back of cleared checks paying for advertising, and outreach figures identifying the number of people your ad reached outside Clay County and inside Clay County.

I understand Reimbursement will only be provided at a rate of \$20/verified room night and/or documentation of 50% of registered participants coming from a 2-hour distance of the event venue. And all funds will only be reimbursed after the Event is complete.

I understand that I am required to submit a **Room Night Certification Form** from each participating hotel in order to track the number of hotel room nights the Event produces in order to receive funding.

I have reviewed the **Clay County Special Event Permit Flow Chart** and will proceed with any required county permits. (Contact: Event Permit Coordinator- 904-529-4119).

I have included a list of my business/organization's current Officers and/or Board members (if applicable) with the application.

I have included a detailed **Marketing Plan** for the Event.

I have included a sample Visitor/Attendee Survey for the Event, and will submit survey results to the Tourism Department no later than 60 days after the event takes place.

I acknowledge that any material made or received by Clay County in connection with my request for Grant funding is a public record and subject to public inspection unless there is a legislatively created exemption that makes it confidential and not subject to disclosure. I acknowledge that I cannot dictate to Clay County what material is open to public inspection or the circumstances under which material is deemed confidential.

I understand that, as a requirement for receiving funding, I will execute a release to permit Clay County to photo and/or record the Event. I must make Event invitees aware of this and make the signing of a release a requirement for participating in the Event.

GRANT APPLICATION CHECKLIST

I understand that all funds received are subject to audit by the Clay County Clerk of the Court – Internal Auditor and/or other representative as Clay County may designate.

I understand that this event may require a Clay County Event Permit (Event, Amusement, Temporary, Structure, Sales, etc.) and it is up to me to complete that permit request and pay the required permit fee.

Title:

Date:

Authorizes Agent Signature:

After completing your application, please compile all your documents for the Event Budget, Marketing Plan, and Event Emergency Plan. You can either email the application and file to CCTourism@claycountygov.com or deliver them in person to the Clay County Tourism Visitor Center, located on the bottom floor of the Clay County Administration Building at 477 Houston Street, Green Cove Springs, Florida, 32221.