

PALM BEACH COUNTY SPORTS COMMISSION GRANT APPLICATION

1. **Event title:** _____
2. **Event date:** _____
3. **Sport(s) involved:** _____
4. **Brief description of event:** _____

5. **Is this event:** Local _____ State _____ Regional _____ National _____
International _____ Qualifier _____ Youth _____ Adult _____
6. **Proposed facility(ies):** _____
7. **Locations:** _____
8. **Has facility been secured?** Contract signed: _____ In negotiation: _____
9. **Facility contact:** _____
Phone: _____ E-Mail: _____
10. **Legal name of organization:** _____
Address: _____
Phone: _____ Fax: _____ Web Site: _____
**Note – your organization must be registered with the state of FL to receive funding*
11. **This organization is:** Independently chartered _____ Private _____
Non-Profit _____ Other (please describe) _____
12. **Event Director:** _____ Title: _____
Phone: _____ Fax: _____ E-Mail: _____
Address (If different than legal org): _____

13. Amount of funds requested: _____

Are you requesting funds from another TDC organization? Yes ___ No ___

Will this event be held regardless of funding from PBCSC? Yes ___ No ___

14. List major sporting events (including dates) hosted by organization:

15. What are the sources of funding for hosting above events (cash, in kind, grants, amounts, etc.)?

16. Total expected adult participants: Local _____ Out of County _____

Total expected youth participants: Local _____ Out of County _____

17. What is the overall event plan? Include schedules, competition specifics, special events, etc.:

18. Summarize the marketing plan for the event to include all media and timelines:

19. **Is there television coverage?** No _____ Yes _____ Local _____ National _____
List stations (ie, ESPN, NBC, Sun Sports, etc): _____
Are you paying television production costs? _____
If not, who is? _____

20. **At the level of sponsorship you have requested, what are the sponsorship benefits that will be included?** _____

21. **Will you require local community assistance (ie., volunteers, permits, etc)?**

22. **Will there be any events the community can participate in such as clinics, festivals, etc?**

23. A. Have you contacted **area hotels**? Yes _____ No _____
B. If yes, which hotels (**MUST BE PALM BEACH COUNTY HOTELS**)? _____

C. Can we assist you in securing hotels? Yes _____ No _____

- REQUIRED**
- 1. ONLY PALM BEACH COUNTY HOTELS MAY BE USED IF FUNDING IS PROVIDED**
 - 2. Hotel confirmation letters are required.**
 - 3. Participant registration forms (including hotel/travel info) must be submitted**

24. Estimate the projected economic impact of the event:

(Ex: Using state estimates: 50 adults x 4 night stay x \$143 avg. spending = \$28,600 economic impact)
 (You may adjust the average spending dollars for your event based on time of year and other group demographics. It is not necessary to use the state estimates)(State estimates are: \$143-adult hotel stay/\$72-youth hotel stay/\$72 no hotel stay)

ADULT participants _____ x # nights in hotel _____ x avg. spending _____ =
 Total ADULT economic Impact \$ _____

YOUTH participants _____ x # nights in hotel _____ x avg. spending _____ =
 Total YOUTH economic impact \$ _____

MEDIA _____ x # nights in hotel _____ x avg. spending _____ =
 Total MEDIA economic impact \$ _____

LOCAL participants (NO HOTEL STAY) _____ x avg. spending _____ =
 Total LOCAL economic impact \$ _____

TOTAL PROJECTED ECONOMIC IMPACT: _____

25. Estimate the multiplied out-of-county impact of event (use total projected economic impact figure from above as multiplier):

Output Impact: _____ x 1.5 (output multiplier) = \$ _____

Earnings Impact: _____ x .57 (earnings multiplier) = \$ _____

Employment Impact: _____ /1,000,000 x 22 (employment multiplier) = \$ _____

26. Total Hotel Impact

of Rooms _____ x Avg. # of nights _____ x Avg. Room Rate _____ = \$ _____

27. Revenue Estimates Generated by Non-Resident Participants/Spectators (if applicable)

State Sales Tax Projected Economic Impact x .065 = \$ _____

Bed Tax Total Hotel Impact x .05 = \$ _____

Local Gasoline Tax Projected Economic Impact x .10 = \$ _____

\$ _____

28. Event History

Previous Location/Date(s) _____

Contact Name/Phone/E-Mail _____

Out of Town Participants _____ # Room Nights _____ Economic Impact _____

Previous Location/Date(s) _____

Contact Name/Phone/E-Mail _____

Out of Town Participants _____ # Room Nights _____ Economic Impact _____

Previous Location/Date(s) _____

Contact Name/Phone/E-Mail _____

Out of Town Participants _____ # Room Nights _____ Economic Impact _____

29. Total Event Budget (Expenses)

	Past Event			Current Event	
	In-Kind	Cash		In-Kind	Cash
Travel					
Housing					
Food					
Sanction Fees					
Site Fees					
Rights Fees					
Officials					
Awards (non-monetary)					
Equipment					
Rentals					
Insurance					
Security					
Labor					
Marketing/Promotions (in County)					
Marketing/Promotions (out of County)					
OTHER EXPENSES					
TOTAL IN-KIND EXPENSE					
TOTAL CASH EXPENSE					
TOTAL EVENT BUDGET (Total Expenses) (Total In-Kind Expense + Total Cash Expense for current event)					

See Page 6 for Allowable and Disallowable Expenses

30. Event Budget-Income

	Past Event	Current Event
	Cash Income	Cash Income
Admissions		
Contributions**		
Grants*		
Sponsorships		
Sales		
Room Rebates		
OTHER INCOME		
Total Cash Income		
TOTAL INCOME (current event)		

- * Do not include this Palm Beach County Sports Commission request.
- ** Please provide a summary of current contributors/sponsors including the amount of their cash and/or other type of contribution

Please note: If a grant is awarded, payment/reimbursement occurs after the event by submitting invoices totaling the amount granted. The following summarizes the allowable/disallowable expenses that may be used for reimbursement.

Allowable Expenses:

- Promotion, marketing and programming expenses including reasonable travel for special officials or performers only as approved by the PBCSC
- Paid advertising and media buys OUTSIDE PBC
- Production and technical expenses
- Site Fees and other costs including: contract help (i.e., security, officials, maintenance), rentals insurance
- Rights Fees, Sanction Fees, and NON-MONETARY awards

Disallowable Expenses:

- General operating or administrative expenses, including travel to solicit event
- Building, renovating, and/or remodeling a facility
- Purchase of permanent equipment
- Expenses or debts incurred or obligated prior to the grant
- Printed programs which solicit advertising
- Hospitality or social functions
- Expenses of a local sports team traveling outside the County to compete

GRANT APPLICATION SUMMARY

Event Title: _____

Proposed Date: _____

Location(s): _____

Was this event secured through a bid process? Yes _____ No _____
If yes, please attach all bid documents and award letter.

Total Estimated Room Nights: _____

Total Projected Expenses: \$ _____

Total Projected Income: \$ _____

Total Projected Economic Impact: \$ _____

Amount of Grant Requested: \$ _____

Intended use of grant funds if awarded: _____

How will this grant affect the success of the event? _____

Does this event have other implications, spin-offs, or future considerations? _____

SIGNATURE/DISCLAIMER

We, the undersigned, hereby certify that we have read and understand the Grant Policies and Procedures and, that all information included with our application is true and correct.

Authorized Signature, Applicant Title Date

Federal ID Number _____
(required)