TOURISM EVENT / PROGRAM
GRANT APPLICATION

4-21-2021

850.434.1234
800.874.1234

fax:
850.432.8211

1401 E. Gregory St.
Pensacola, FL 30502

VisitPensacola.com

FORM A - APPLICATION INFORMATION

(Only one grant may be applied per entity per cycle)

Name of Organization (must match W9): _____

Contact:_____ Title:_____

Mailing Address:_____

Email Address (Program Manager or Contact): _____

Telephone: _____

Tax ID Number:_____

Organization (If other, please indicate):

_____   Non-profit, incorporated *(If checked, this application must include IRS certification letter or State of Florida certification. Must include even if you have applied previously)*

_____   Commercial (for profit)

_____   Other (please describe)

Please provide to the committee your experience with running events?
_____
_____
_____
_____
_____

GRANT AMOUNT REQUESTED ($25K Max): _____

*Visit Pensacola Grant Event Workshop Attendance is Required

**Please provide a fully completed application. Failure to submit all items will result in an incomplete submission, and your application will be rejected. Please email Nicole Stacey (nstacey@visitpensacola.com) with questions regarding the Visit Pensacola Event Grant Application and submission requirements.

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FORM B – EVENT INFORMATION

Event Title:_____

Event Time(s): _____

Event Location(s): _____

Brief description of the event:
_____
_____
_____
_____
_____

Please provide specific details on how Tourism Tax Dollars will be spent:
_____
_____
_____

Will this event take place with or without TDT dollars? Yes _____ No _____

Is this a new or repeat event? New: _____ Repeat: _____ If Repeat, how many years? _____

If repeat, is this event format like previous years or different?_____

If repeat, please provide an event summary from previous years and/or an economic impact report:
_____
_____
_____
_____
_____

If new, do you foresee it becoming a re-occurring event? Yes _____ No _____

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Estimated Room Nights: *please add all overnight stays applicable.*

Dates:	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6
Attendee Rooms						
Vendor Rooms						
Organizer Rooms						
Artist Rooms						
Other:						

Total Estimated Room Nights: _____

Has Lodging Been Secured?   Yes _____   No _____

Lodging secured based on a projected number of event attendance (proof of the agreement and/or communication with lodging partner must be included) >1,000 guests, 6+ properties; 501-1,000 guests, 4-5 properties; 1-500 guests, 2-3 properties.

If Yes, please provide the following information:

Lodging Provider	Contact	Room Rate/Offer for Visitors

With what tourism related businesses or organization(s) will you coordinate and conduct the cooperative marketing efforts that will be supported by the grant award? List partners and briefly describe these collaborative efforts. *(Use additional sheet if necessary)*

_____
_____
_____
_____

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FORM C – Event Budget

Please provide a detailed budget summary AND provide a **detailed budget** including revenue sources for the event. Details must include marketing placements, schedules, and all relevant media buy information. Should media buys/spend change, Visit Pensacola staff will need to be notified and approve the change in spending. **75% of all Visit Pensacola Grant Funds (TDT dollars) must be used to market the event. 25% of Visit Pensacola Grant Funds (TDT dollars) may be used for operational expenses.** (Please use the examples provided at Grant Finance Workshop and see the definitions page for more information on marketing expenses vs. operational expenses).

If you have received previous funds from Visit Pensacola, please provide how TDT dollars were spent?

YEAR: YEAR:

Marketing: $

Operation: $

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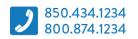
FORM D - GRANT REQUEST

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Amount Requested: $_____

Have you received TDT dollars from Escambia County (via BOCC, ACE, PSA, or Visit Pensacola) in the past?
_____ Yes   _____ No

If yes, please complete the following:

Year	Event	Amount

The purpose of this event grant program is to encourage and support mulit day reoccurring events. What is the path for this event to be financially viable and generate income to offset expenses without future event grant support?

_____
_____
_____
_____
_____
_____
_____

Does your organization's event proposed for TDT funding fulfill a special need within the tourism industry and/or enhance the overall local tourism product by increasing the number and quality of tourist activities? If so, in what way? How will this event benefit tourism in Escambia County? *(Use additional sheet if necessary and refer back TDT Statue for definition)*

_____
_____
_____
_____
_____
_____
_____

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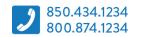1401 E. Gregory St.
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Please provide a marketing plan for the event. (Please use the template provided at the Visit Pensacola Grant Event Workshop). The Marketing Plan should list all media buys, social, PR, and market reach, which will draw attendance from outside of Escambia County. Marketing Plans need to include vendors, media buys, schedules, placements, and costs and will need to match the detailed budget that is included.
 (Marketing plan is required for score).

How Will You Measure the Success of Your Event? What goals have you established?
(Use additional sheets if necessary. Examples may include the following.)

Attendance/Spectators:
Ticket Sales:
Participants:
Vendors/Exhibitors:
Sponsorship Support:
Media Coverage:
Website Visits:
Social Media Engagement:

Did you include:

       Detailed Marketing plan provided
       Detailed program budget provided
       Complete event details
       Signed Certification and Compliance page
       Lodging provider within Escambia County
       Liability insurance coverage
       W-9

**Application may not be larger than ten pages.

**Please provide a fully completed application. A complete application requires the above seven items to be included in your submission. Failure to submit all items will result in an incomplete submission, and your application will be rejected. Please email Nicole Stacey (nstacey@visitpensacola.com) with questions regarding the Visit Pensacola Event Grant Application and submission requirements.

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APPLICANT COMPLIANCE PAGE:

I hereby certify that the information contained in this application is true and correct to the best of my knowledge and that I have read a n d u n d e r s t a n d the Policies and Procedures of the Visit Pensacola Event Grants Program and will abide by all legal, financial, and reporting requirements as a condition of receiving grant funds from Visit Pensacola. Signatures must be **original** in **blue ink**.

Name: _____

Organization: _____

(Signature): _____ (Date) _____

Please return the original application via email to Nicole Stacey at Nstacey@visitpensacola.com or drop it off at the physical office:

**Visit Pensacola
Attention: Event Grant Program
1401 E. Gregory St.
Pensacola, FL 32502**

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