

#### **EVENT GRANT APPLICATION - Part A**

**Martin County TDC** 

## **Event Grant Dollars Funded by**Indian River County TDC

St. Lucie County TDC

1.	Event Name	
2.	Event Dates	Sport(s)
3.	Facility/Venue:	
	deadline as listed below. One applicat	TC) Grant applications must be received before designated gion will be accepted per event, per fiscal year. In the event a esignated grant deadline, PTC will only consider the applicat grant cycle.
	<ul> <li>Grant deadline – August 15</li> <li>Grant deadline – November 1</li> <li>Grant deadline – January 15</li> <li>Grant deadline – April 1</li> </ul>	For events held after October 1, 2021 For events held after January 1 <sup>st</sup> of 2022 For events held after April 1 <sup>st</sup> of 2022 For events held after July 1 <sup>st</sup> of 2022
		ENT SUMMARY
1. (	Grant Amount Requesting: \$	Projected Number of Room Nights:
2. [	Description of Event:	
	Estimated total number of teams:	Estimated number of players per team
	(Projection) Number of teams staying over	night Number of nights for tournament
	☐ Individual Sport (estimated number of	total participants)
	☐ Florida Residents ☐ Out of State	e 🗆 International
3. F	Facility/Venue where event will be hosted	<b>:</b>
	(Multiple facilities – please provide deta	ils)
	Have You Secured Facility/Facilities thro	ough contract?
	Facility Point of Contact: Name	Phone No
	(Multiple facilities – please provide deta	ils)
*****		

<sup>\*\*</sup>IMPORTANT\*\* (Concessions needs request must be confirmed and arranged with Facility Point of Contact)

#### **EVENT OWNER INFORMATION**

I. Legal Name of Organiza	tion		
Address	City	State	Zip
Phone			
2. This organization is	<ul><li>□ Private (Corporation)</li><li>□ Private (Individual, Partnership,</li><li>□ Non-Profit</li></ul>	LLC)   City/County/Stat	e Organization
. Federal Tax ID #			
I. Event Owner /Contact: _	Cell	Phone:	
E-mail Address			
Organization Web Site :			
5. Has this event received	grant funding from PTC?		
If yes, please indicated th	ne amount and year/s grant was award	ed:	
(amount)	(room nights)	(year)	
(amount)	(room nights)	(year)	
6. Intended use of grant fu	nds:		
7. Will Event Owner need a	assistance in securing hotel room bl	ocks and rates? □ Ye	s 🗆 No
If yes, please list properti	es and brands you have a working rela	ationship with:	
<del></del>			
3. Will you be collecting ho	otel rebate and/or commission for th	is event? Yes	No
If yes, amount of rebate p	per room night \$ If yes, amou	nt of commission per roor	
Are you requesting or re	eceiving additional funds from anoth	ner entity:	□ No
	name of the agency, organization, pri	-	
		·	<b>,</b> .
_			
	າ		
Name of organization	າ	Amount \$	

## **HOTEL ROOM NIGHT PROJECTIONS**

1. Estimate the projected number of participants (athletes and coaches) and spectators for the event.

Α.	Team Event:					
	Number of Tear	ms participating in event		_		
	Projected numb	er of teams staying over	night:			
	Average number	er of athletes per team _		Average nu	mber of coaches per team	
	Total Expected	Adult Participants:	Overnight		Local or Drive- in	
	Total Expected	Youth Participants:	Overnight		Local or Drive-in	
	Projected:	Number of rooms booke	ed per night:			
		Average number of nigh	nts stayed:			
	Projected Tota	I Number of Room Nig	hts:			
В.	Individual Eve	nt:				
	Total number of	f participates	Youth _		Adult	
	Total Expected	Adult Participants:	Overnight		Local or Drive-in	
	Total Expected	Youth Participants:	Overnight		Local or Drive-in	
	Projected:	Number of rooms booke	ed per night:		-	
		Average number of nigh	nts stayed:		-	
	Projected Tota	I Number of Room Nig	hts:		_	



# CERTIFICATION and COMPLIANCE STATEMENT

#### **APPLICANT:**

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 the Play Treasure Coast Sports Tourism Sports & Event Grant Program Policies and will abide by all legal, financial, and reporting requirements as a condition of receiving grant funds from the Treasure Coast Sports Commission.

We also attest that all materials included with our application packet are true and correct to the best of our knowledge.

Signature, Event Organizer (Applicant)	Ti	tle	Date
Print Name, Event Organizer (Applicant)			
Federal Identification Number			
Is there a bid fee required to secure event?	Yes	No	Amount \$
If yes, name of sanctioning body or organization			d documentation and award letter)
IMPORTANT:			
Date Application Submitted to Play Treasure Co	ast Sports	Tourism Office:	

Please return the Event Grant Application and the

Certification & Compliance Statement to:

### Play Treasure Coast Sports Tourism

ATTN: Sports & Event Grant Program
P.O. Box 882172
Port St. Lucie, FL 34988
(772) 871-5458

or email to:

kgreene@playtreasurecoastflorida.com