



EVENT GRANT APPLICATION – Part A

Martin County TDC	<u>Event Grant Dollars Funded by</u> Indian River County TDC	St. Lucie County TDC
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1. Event Name _____
2. Event Dates _____ Sport(s) _____
3. Facility/Venue: _____

IMPORTANT: Play Treasure Coast (PTC) Grant applications must be received before designated grant deadline as listed below. One application will be accepted per event, per fiscal year. In the event a grant application is received after the PTC designated grant deadline, PTC will only consider the application if funds are available for the advertised grant cycle.

- Grant deadline – **August 15** For events held after October 1, 2021
- Grant deadline – **November 1** For events held after January 1st of 2022
- Grant deadline – **January 15** For events held after April 1st of 2022
- Grant deadline – **April 1** For events held after July 1st of 2022

EVENT 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 overnight _____ Number of nights for tournament _____

Individual Sport (estimated number of total participants) _____

Florida Residents Out of State International

3. Facility/Venue where event will be hosted: _____

(Multiple facilities – please provide details) _____

Have You Secured Facility/Facilities through contract? _____

Facility Point of Contact: Name _____ Phone No. _____

(Multiple facilities – please provide details) _____

****IMPORTANT** (Concessions needs request must be confirmed and arranged with Facility Point of Contact)**

EVENT OWNER INFORMATION

1. Legal Name of Organization _____

Address _____ City _____ State _____ Zip _____

Phone _____

2. This organization is Private (Corporation) Independently Chartered
 Private (Individual, Partnership, LLC) City/County/State Organization
 Non-Profit _____ Other Describe _____

3. Federal Tax ID # _____

4. Event Owner /Contact: _____ Cell Phone: _____

E-mail Address _____

Organization Web Site : _____

5. Has this event received grant funding from PTC? _____

If yes, please indicated the amount and year/s grant was awarded:

(amount) _____ (room nights) _____ (year) _____

(amount) _____ (room nights) _____ (year) _____

6. Intended use of grant funds:

7. Will Event Owner need assistance in securing hotel room blocks and rates? Yes No

If yes, please list properties and brands you have a working relationship with: _____

8. Will you be collecting hotel rebate and/or commission for this event? Yes _____ No _____

If yes, amount of rebate per room night \$ _____ If yes, amount of commission per room night \$ _____

9. Are you requesting or receiving additional funds from another entity: Yes No

If yes, please provide the name of the agency, organization, private or independent entity:

Name of organization _____ Amount \$ _____

Name of organization _____ Amount \$ _____

Name of organization _____ Amount \$ _____

HOTEL ROOM NIGHT PROJECTIONS

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

A. Team Event:

Number of Teams participating in event _____

Projected number of teams staying overnight: _____

Average number of athletes per team _____ Average number 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 booked per night: _____

Average number of nights stayed: _____

Projected Total Number of Room Nights: _____

B. Individual Event:

Total number of participants _____ Youth _____ Adult _____

Total Expected Adult Participants: Overnight _____ Local or Drive-in _____

Total Expected Youth Participants: Overnight _____ Local or Drive-in _____

Projected: Number of rooms booked per night: _____

Average number of nights stayed: _____

Projected Total Number of Room Nights: _____

