



EVENT GRANT APPLICATION

Event Grant Dollars Funded by
Martin County TDC Indian River County TDC St. Lucie County TDC

1. Event Name _____

2. Event Dates _____

3. Sports/s _____

4. Facility/Venue: _____

IMPORTANT: Play Treasure Coast Sports (PTCS) grant applications must be submitted prior to the designated application deadline listed below. Only one application per event, per fiscal year, will be accepted. Applications received after the published deadline will only be considered if grant funds remain available during the applicable funding cycle.

- | | |
|--------------------------------------|---|
| • Grant deadline – July 15 | For events held after October 1 st |
| • Grant deadline – October 15 | For events held after January 1 st |
| • Grant deadline – January 15 | For events held after April 1 st |
| • Grant deadline – April 15 | For events held after July 1 st |

Grant Amount Requesting: \$ _____ Projected Number of Hotel Room Nights for Event: _____

EVENT OWNER INFORMATION

1. Legal Name of Organization _____

Address _____ City _____ State _____ Zip _____

2. Event Owner/Contact: _____ Cell Number: _____

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

4. Federal Tax ID # _____

5. Tax Exempt Information (if Applicable): _____

6. E-mail Address _____

7. Organization Web Site: _____

8. Social Media Platforms: _____

EVENT SUMMARY

1. Description of Event: _____

☐ Team Sport (estimated number of teams) _____ Estimated number of players per team _____

Estimated number of coaches per team: _____

(Projection) Number of teams staying overnight _____

☐ # of Teams from Florida: _____ ☐ # of Out of State _____ ☐ # of International _____

☐ # of Teams that are Tax-Exempt: _____

☐ Individual Sport (estimated number of total participants) _____

of Florida Residents _____ # of Out of State participants _____ # of International participants _____

2. 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/Food Trucks request must be confirmed and arranged with Point of Contact for Venue/Facility)

3. Has this event received grant funding from PTCS before? _____

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

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

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

4. Intended use of grant funds:

5. 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:

6. 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 \$ _____

7. Will any rooms be tax exempt for this event? Yes _____ No _____

ROOM NIGHT PROJECTIONS

1. Projected number of participants, coaches and spectators for the event. _____

A. **Team Event:**

Projected number of teams staying overnight: _____

Total Expected Adult Participants (Coaches, Parents, Officials): Overnight _____ Local or Drive-in _____

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

Projected: Average number of nights for hotel stay: _____

Number of rooms booked per night: _____

Projected Total Number of Room Nights: _____

(to calculate Projected Room Nights, multiply average number of nights times number of rooms booked)

Average Daily Rate for Reservation: _____

B. **Non-Team/Individual Event:** (Do Not Complete if Your Event is a Team Related 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: _____

Average Daily Rate for Hotel: _____

Projected Total Number of Room Nights: _____

(to calculate Projected Room Nights, multiply average number of nights times number of rooms booked)

