



City of Sacramento
CITY OF FESTIVALS SPECIAL EVENT SUPPORT PROGRAM

Department of Convention, Culture and Leisure
1030 15th Street, Suite 250
Sacramento, CA 95814
916-808-8225

2009 Notice of Grant Availability
Application Instructions

Application packets will become the property of the City of Sacramento. Incomplete applications may not be processed. Submit one original copy in a sealed envelope to:

Department of Convention, Culture and Leisure
1030 15th Street, Suite 250
Sacramento, CA 95814

Re: Special Event Support Program Grant Application

Applications must be postmarked no later than 5 pm, Monday, August 24, 2009. The City of Sacramento reserves the right to limit the number of grants. Questions concerning the grant program may be directed to Leslie Wisniewski, Administrative Officer, at 916-808-8920.



APPROVED	<input type="checkbox"/>
DENIED	<input type="checkbox"/>
INITIALS:	

City of Sacramento
CITY OF FESTIVALS SPECIAL EVENT SUPPORT PROGRAM

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 1030 15th Street, Suite 250
 Sacramento, CA 95814
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REQUEST FOR SUPPORT APPLICATION
(PRINT CLEARLY)

PLEASE SUBMIT THE FOLLOWING WITH THIS APPLICATION

1. A full and complete Business Plan
2. A full and complete Logistics Plan
3. A full and complete Marketing Plan
4. Copy of 501(c) (3) (6) or other not-for-profit tax status, if applicable

Incomplete applications may not be processed.

The undersigned hereinafter referred to as the APPLICANT, hereby makes application to request funding support to the CITY OF FESTIVALS PROGRAM as noted below on the date(s) here specified for the purpose(s) indicated. All applications are subject to approval by the presiding panel of the CITY OF FESTIVALS PROGRAM.

Funding is defined as either:

- A) Services provided by City of Sacramento staff and/or departments; and/or,
- B) Monetary awards where an applicant has demonstrated a need that exceeds City services support, as determined by the screening panel of the CITY OF FESTIVALS PROGRAM.

TODAY'S DATE: _____

COMPANY/ORGANIZATION: _____

CONTACT NAME: _____

ADDRESS: _____

TELEPHONE NUMBER: _____ FAX NUMBER: _____

EMAIL ADDRESS: _____

COMPANY/ ORGANIZATION STATUS:

FORM OF BUSINESS ENTITY: NON-PROFIT **(Copy of 501(c) (3) (6) or other not-for-profit tax status is required)**

Nonprofit Federal ID# _____

COMPANY PARTNERSHIP SOLE PROPRIETORSHIP ASSOCIATION

STATE REGISTERED: _____ COUNTY REGISTERED: _____

DATE COMPANY ESTABLISHED: _____

NAME OF AUTHORIZED REPRESENTATIVE TO SIGN CONTRACT: _____

TITLE: _____

FOR USE BY CITY OF FESTIVALS PROGRAM			
<i>Document</i>	<i>Received</i>	<i>Notes</i>	<i>Date</i>
Business Plan			
Logistics Plan			
Non-Profit Tax Status, if applicable			

CITY OF FESTIVALS SPECIAL EVENT SUPPORT PROGRAM
EVENT INFORMATION

(PRINT CLEARLY)

Summary/ Purpose of Event:

Event Title:

Requested Date(s) of Event

Days of Week:

Event Hours:

Set-Up Time/Days:

Please list all performers and entertainment acts: (performers/entertainment acts may not be changed without prior approval of the City of Festivals Program.

Estimated Attendance:

Tickets to be sold (Circle One) : YES

NO

If yes, price per ticket:

Type of Funding Requested (check all that apply):

City Services

Monetary Funding

If monetary, please indicate the monetary amount requested \$

Please explain the purpose of these funds:

Total Event Budget \$

CITY OF FESTIVALS REFERENCES

(PRINT CLEARLY)

BANK INFORMATION (LIST 2)

NAME	DOING BUSINESS AS (DBA)	ADDRESS AND PHONE	CONTACT NAME	YEARS AS CLIENT

BUSINESS REFERENCES (LIST 3)

NAME	ADDRESS AND PHONE	CONTACT NAME	PURPOSE OF ASSOCIATION

MEDIA REFERENCES (LIST 3)

NAME	ADDRESS AND PHONE	CONTACT NAME	ANNUAL \$ AMOUNT OF BUSINESS

Please provide a list of facilities, outdoor arenas, and/or streets previously used in the City of Sacramento and outside the City of Sacramento.

FACILITY NAME	CONTACT NAME AND PHONE NUMBER	EVENT NAME	DATE/ATTENDANCE

Applicant hereby represents that he/she has made full and complete disclosure of all information, and that all of the above information and statements are true and correct. Applicant also hereby authorizes a representative of the City of Festivals Program to contact names references and obtain information as related to this application. *Please allow 30 working days for processing of application.*

Applicant Name (print): _____ Applicant Signature: _____

Title: _____ Date: _____

This application form is subject to change by the City of Sacramento at any time without notice.

- Attached:
- Business Plan
 - Logistics Plan
 - Marketing Plan
 - Business Plan Checklist (completed)

CITY OF FESTIVALS SPECIAL EVENT SUPPORT PROGRAM

Business Plan Checklist

This checklist must be submitted with application package

Applicant Name: _____

FINANCIAL

- Revenue Sources and Amounts for Entire Event
- Expense Budget
- Sponsorship Program
- Economic Impact to Community
 - Hotel Room Nights (how will you measure)
- Visitor Spending
- Tickets/Non-Ticketed Pricing

MARKETING

- Attendance
- Media Plan
- PR Plan
- Marketing Plan

LOGISTICAL

- Location of Event
- Map of Event Boundaries
- Parking Needs
 - Proposed Location
- Partner Organizations
- Volunteer Program