



TDC EVENT SPONSORSHIP

- **PLEASE BE SURE ALL PERTINENT INFORMATION IS INCLUDED IN THE SUBMITTED APPLICATION, INCLUDING THE BELOW “RULES AND REGULATIONS” PAGES. ALL PAGES MUST BE INITIALED. ANY INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.**
- All sponsorship grant applications must be submitted **30 DAYS PRIOR** to the event taking place. Any applications submitted less than 30 days prior to the event taking place will be ineligible. For events that are requesting more than \$25,000 or meet one of the following criteria (*will have more than 500 people, will require temporary closure of public roadways, exceeds the maximum allowed number of persons or will have pyrotechnics*) applications must be received a minimum of **60 DAYS** prior to the event.
- All post-event supporting documentation must be submitted to the Economic Development and Tourism Department (ED&T) no more than 120 days after the event has taken place. If supporting documentation is not received within 120 days, sponsorship funding may be denied.
- Pre-event sponsorship awards will be determined utilizing the Lake County Tourist Impact Model (TIM) and represent the maximum funding possible, not a guaranteed amount (see below for details.)
- There are no guarantees that applicants will be awarded funding, even though the event may qualify.
- Decisions regarding the awarding of funds are at the sole discretion of Lake County Economic Growth Department. Events will only qualify for one of the two programs listed.
- Scanned or facsimile signatures on this Agreement shall be acceptable.
- If awarded funds, the applicant agrees to the following:
 - * To stage the event and be responsible for all expenses incurred in connection with the staging of the Event.
 - * Provide rules and regulations for the Event, and solicit and acquire all participants for the Event.
 - * Pay the expenses, or cause to be paid the expenses, of all personnel specifically engaged by the applicant to work in connection with the Event.
 - * If a public event, submit event on Lake County Tourism Calendar website at http://lakecountyfl.gov/calendar/add_event_any.aspx
 - * Obtain any and all governmental permits required to conduct the Event and comply with all applicable Federal, State and local laws as they pertain to this Event.



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- * Design, arrange, print and distribute, or cause to be designed, printed or distributed, marketing material for the Event and be responsible for the selling or placing of advertising in relevant media, for the purposes of promoting the Event.
 - * Allow local media outlets to film, market, or advertise the Event upon request.
 - * Obtain such other sponsors or partners as is necessary to carry out the Event.
 - * Recognize Lake County as an Event sponsor with approved use of the County's logo and appropriate wording on all promotional materials, programming, registrations, and media. The County shall additionally be permitted to take promotional videos and photographs to be used for County purposes.
 - * If requested by the County, allocate a location with a table or tent to distribute County promotional materials.
- If awarded funds, the applicant agrees that:
 - * If, when, and to the extent during its activities under this Agreement, a court determines that the applicant is a "contractor" for purposes of Section 119.0701, Florida Statutes, the applicant shall comply with all of the Florida public records' laws. Failure to comply with this section shall be deemed a breach of the contract and enforceable as set forth in Section 119.0701, Florida Statutes.
 - Exceptions to the above can be made at the discretion of the Lake County Economic Growth Director and will be made on a case by case basis.
 - All Lake County TDC Event Sponsorship applications must be submitted by the designated event rights holder. No other party may submit a funding application unless expressly authorized by the event rights holder. If a third-party is submitting a funding application on behalf of the event rights holder, the third-party must provide a signed authorization (included in application packet) form from the event rights holder acknowledging and permitting them to apply for the TDC Event Sponsorship. The third party may also include language in their contract that allows them to apply for sponsorship funds. This must be signed by the event rights holder and the contract will become public record.
 - Please note that in order for the application to be processed, all fields must be complete. Incomplete applications will not be processed.

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ROOM NIGHT PROGRAM

- Actual sponsorship funding will be determined based on number of room nights generated as verified by the ED&T Room Night Verification Form. The “Post Event Summary Report” and “Room Night Certification Forms” submitted by the applicant will be used in determining final room night numbers.
- In select cases, only with prior written approval from Lake County EDT, and only for applicants that have a demonstrated history of successful survey implementation, room night surveys, electronic team roster sheets or registration reports may be used as an acceptable form of documentation in supporting the “EDT Room Night Verification Report.” No room night surveys, team roster sheets, or registration reports will be accepted if prior written approval hasn’t been obtained.
- If the verified room night figures are less than the projected room night figures, sponsorship funding may be reduced.
- Award disbursement will only occur after the event has occurred and post-event documentation has been submitted and verified. All documentation must be submitted within 120 days or sponsorship funding may be denied.

DAY TRIP PROGRAM

- The sponsorship will be paid in a single, lump sum payment after the conclusion of the Event, and upon receipt of the appropriate invoice and supporting documentation as listed below. Final funding amount will be a match of the total out-of-county advertising for the event, not to exceed the awarded amount to be paid after advertisements have run.

Room Night Program

Who should select:

- Events that generate and can efficiently track room nights

Award determination:

- # of room nights generated (Min. 50)

Reporting requirements:

- Post Event Summary Form (attached)
- Room Night Certification Forms for each participating hotel (attached)
- Electronic Team Roster with prior approval
- Post event Checklist (attached)

Payout Structure:

- 100% of supportable award paid after completion of event

Day Trip Program

Who should select:

- Events that generate significant day trips from out-of-county visitors

Award determination:

- # of out-of-county visitor days generated (Min. 500)

Reporting requirements:

- Post Event Summary Form (attached)
- Proof of Payment
- Invoice from Advertiser
- Advertising Run Report
- Radio/Television file
- Post event Checklist (attached)

Payout Structure:

- Lump Sum Payout at the Conclusion of the Event



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SPONSORSHIP AMOUNT REQUESTED: _____

Please Indicate Which Program Applying For:

Room Night Program Day Trip Program

A. Background

1. Name of Event/Project _____
2. Location/Date/Time _____
3. Submit a brief narrative of the event/project and describe in detail the purpose for which your organization is seeking tourist development tax funds:

B. Submitting Organization Information (Information Below Must Match Final Invoice)

1. Name of Submitting Organization _____
2. Tax Status of Submitting Organization (LLC, non-profit, Etc.) _____
3. FEID Number _____ **(Please submit your W-9 with App)**
4. Contact Person and Title _____
Address: _____
Phone(s): _____ Fax: _____
Email: _____ Website: _____

C. Event Details

1. Are plans being made to have the event in Lake County again next year? _____
2. Outline of the marketing plan for event (Circle those that apply):
 - Regional: Print Radio Television
 - National: Print Radio Television
 - Online: Social Media Website

3. **If selecting the “Day Trip Program,”** please provide more detail regarding the anticipated out-of-county marketing tactics:

Tactics				
	Area of Distribution (must be out of Lake County)			
	Publication/Channel		Number of Runs	Anticipated Cost
1				
2				
3				
4				
5				

***Only approved tactics will qualify for event sponsorship funding*

4. **If selecting the “Room Night Program”** List Host/Participating hotel(s) committed and contact person for each hotel:

- 1) Hotel: _____ Contact: _____
- 2) Hotel: _____ Contact: _____
- 3) Hotel: _____ Contact: _____
- 4) Hotel: _____ Contact: _____

5. To the best of your knowledge, please fill in the following charts with your projected event attendance and room night estimates. Verification of estimates will be required upon completion of event to approve release of sponsorship funds:

	Total
Projected Room Nights	
Bed Tax Exempt Room Nights (If applicable)	
Average Nightly Room Rate	

Type of Attendee	Origin of Attendee (Estimated Numbers)			Avg. Length of Stay (Days)
	Out-of- State	In-State, Non- County	Local	
Spectators/Visitors				
Vendors				
Players/Participants/Coaches – Adult*				
Players/Participants/Coaches – Youth*				
Media/Staff				

*For sporting events only.

6. How much will the organizer be spending locally to produce the event? _____

7. Does your event meet any of the criteria listed below? If any of the criteria is met, please submit a special event

Criteria	Yes	No
Is intended to, or likely to, attract more than 500 people		
Requires the temporary closure of any collector or arterial public roadway		
Involve the use of pyrotechnics		
Exceeds the maximum allowed number of patrons with an establishment		

D. Please Submit the Following Additional Event Information

- W-9 that matches submitting organization (attached)
- Detailed budget for your event
- Detailed agenda or schedule of activities to be held during the event
- Third Party Authorization (if applicable)

- Pre-approval for team rosters (if applicable)

F. Signature

By signing below, I acknowledge that I have read the attached Rules and Regulations. I also confirm that this application has been completed with information that is accurate to the best of my ability. I understand that this application and future grant applications could be reduced or denied based on the accuracy of the information provided. Once countersigned by the County, this becomes a binding agreement. All deliverables required hereunder shall be delivered to the County within this post-Event time frame. I acknowledge and understand that the contract amount shall not exceed the amount approved by the County as stated below under the Funding Determination box. If the Event does not occur as described herein, I understand and agree that the County shall have the right to refuse payment hereunder, or to reduce the payment accordingly as determined by the County. I agree that the County shall have all rights to enforce this contract as provided for by law.

*** Please note that the application must be signed by the organizations President or authorized designee as designated on the organizations corporate documents filled with www.SunBiz.org.**

*** By signing this form, applicant is agreeing to comply with the changes in this application from previous versions.**

Signature* (Please sign in **BLUE** ink)

Name

Applicant's Organization

Date

Funding Determination (to be filled out by AEP staff)

Maximum Potential Award \$ _____

- Room Night Program Approved
- Day Trip Program Approved
- Request Not Approved
- Alternative Room Night Verification Approved
 - o Team Roster
 - o Participant Surveys

Agreement Expires on ____ / ____ / ____.

Comments: _____

By:

Department Director/Designee

Date

Executive Director

Date

Event Name: _____ Event Dates: _____

Event Organizer: _____

- 1) To the best of your knowledge, please fill in the following charts with estimates for the number of room nights and attendees resulting from your event:

<i>Room Nights</i>

<i>Type of Attendee</i>	<i>Origin of Attendee</i>			<i>Avg. Length of Stay (Days)</i>
	<i>Out-of-State</i>	<i>In-State, Non-County</i>	<i>Local</i>	
<i>Spectators/Visitors/Participants</i>				
<i>Vendors</i>				
<i>Media/Staff</i>				

- 2) Were there any extenuating circumstances that lead to actual attendance or room night generation falling below projections: YES or NO

- 3) If yes, what were those circumstances:

- 4) Was your event a room night generating event, if so, please fill out the "Room Night Certification Form." One (1) form must be submitted for each participating hotel.

Event Organizer Signature: _____ Date: _____

ONE FORM MUST BE COMPLETED FOR EACH PARTICIPATING HOTEL



ROOM NIGHT CERTIFICATION FORM

Event Name: _____ **Event Dates:** _____

Event Organizer: _____

Host Hotel: _____

Hotel GM/Sales Manager: _____

Date: ___/___/___ Room Nights: _____

Total Room Nights Used Through Duration of Event: _____

**Please only include room nights that can be reasonably attributable to the subject event.*

I hereby attest that the information given above is accurate to the best of my knowledge, and that providing misinformation may lead to the denial of current and/or future sponsorship funds to the submitting organization.

GM/Sales Manager Signature: _____ **Date:** _____



POST EVENT CHECKLIST

Please complete the below post event checklist and submit with your post event documentation. Failure to submit this form may result in sponsorship funding being denied. Only complete forms will be accepted. For each advertising tactic, please list the publication/channel.

ROOM NIGHT PROGRAM

FORM	YES	NO	COMMENTS
Post Event Summary			
Room Night Certifications (for each hotel)			
Invoice			

DAYTRIP PROGRAM

FORM		YES	NO	COMMENTS
POST EVENT SUMMARY				
ADVERTISING TACTIC 1:				
	ADVERTISING RUN REPORT			
	INVOICE FROM ADVERTISER			
	PROOF OF PAYMENT			
ADVERTISING TACTIC 2:				
	ADVERTISING RUN REPORT			
	INVOICE FROM ADVERTISER			
	PROOF OF PAYMENT			
ADVERTISING TACTIC 3:				
	ADVERTISING RUN REPORT			
	INVOICE FROM ADVERTISER			
	PROOF OF PAYMENT			
ADVERTISING TACTIC 4:				
	ADVERTISING RUN REPORT			
	INVOICE FROM ADVERTISER			
	PROOF OF PAYMENT			
INVOICE				



THIRD PARTY AUTHORIZATION

To Lake County Tourism Division,

I _____, hereby authorize _____ to apply for and receive Lake County Event Sponsorship money for the _____ (Name of the Event). This event will take place from _____ to _____. I understand that by signing this form that I am no longer eligible to apply for sponsorship funding from Lake County for this event.

Name of Event Rights Holder Organization: _____

Authorized Agent: _____

Title: _____

Signature: _____ Date: _____

Name of Submitting Organization: _____

Authorized Agent: _____

Title: _____

Signature: _____ Date: _____