

## City of Sacramento CITY OF FESTIVALS SPECIAL EVENT SUPPORT PROGRAM

Convention and Cultural Services Department 915 I Street, 3<sup>rd</sup> Floor Sacramento, CA 95814 916/808-8225

#### **Application Instructions**

Applications will become the property of the City of Sacramento. Incomplete applications may not be processed. Email a completed application to:

RBitter@cityofsacramento.org

Include the event name in the email subject line

Applications will be accepted on a continuous basis. Applications must be submitted no less than 20 calendar days prior to the event date for consideration by the City. The City encourages interested parties to submit applications as soon as possible.

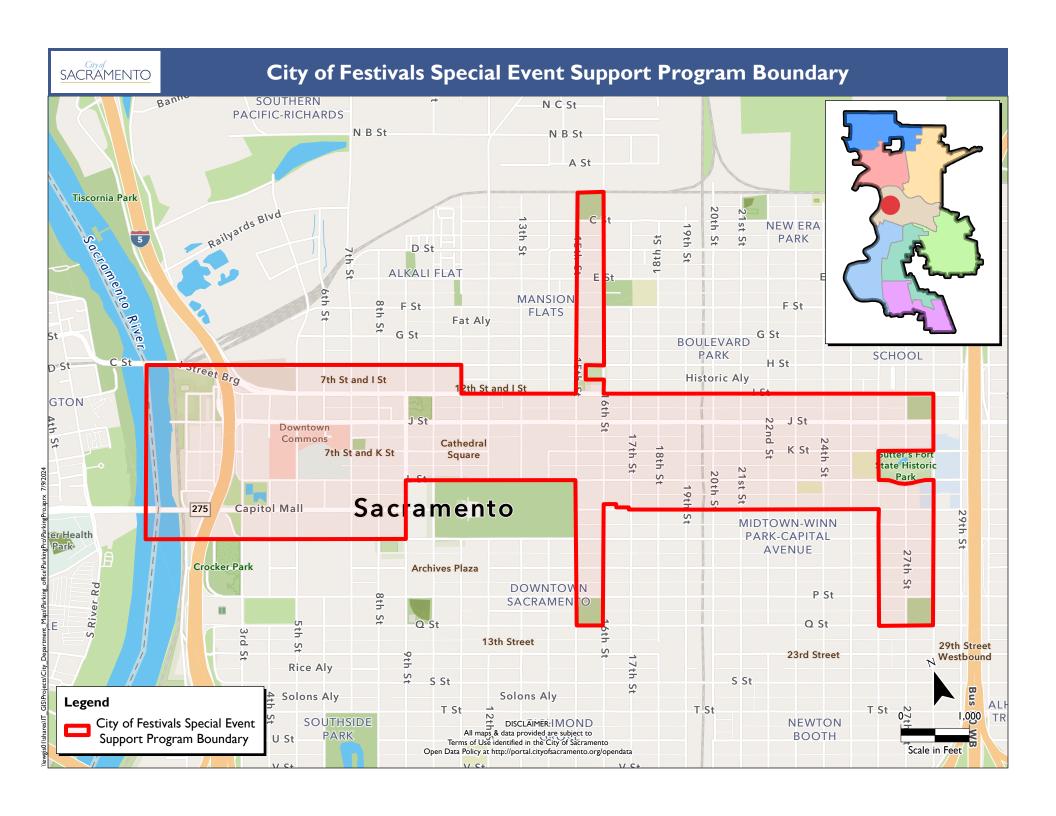
The City of Sacramento reserves the right to limit the number of program awards at its sole discretion.

Questions concerning the program may be directed to:

Rebecca Bitter, Analyst
Department of Convention & Cultural Services
RBitter@cityofsacramento.org

### STOP!

Review the program boundary map on the following page to verify that the location of your event is within the program boundary. Applications for events outside the program boundary can not be accepted.





### City of Sacramento CITY OF FESTIVALS SPECIAL EVENT SUPPORT PROGRAM

Department of Convention and Cultural Services 915 I Street, 3<sup>rd</sup> Floor, Sacramento, CA 95814 916-808-8225

#### REQUEST FOR SUPPORT APPLICATION

#### PLEASE SUBMIT THE FOLLOWING WITH THIS APPLICATION:

- 1. A full and complete Revenue and Expense Budget
- 2. A full and complete Business Plan
- 3. A full and complete Marketing Plan
- 4. A full and complete Logistics Plan
- 5. A full and complete list of services provided by the City of Sacramento staff and/or departments
- 6. Copy of 501(c) (3)(6) or other not-for-profit tax status, if applicable
- 7. Note: Past recipients must submit a post event report before any new applications will be reviewed.
- 8. Note: 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.

- 1. Awards are made as reimbursements for actual expenses incurred. Funding is awarded for the following:
  - (a) Direct services provided by City of Sacramento staff and/or departments; and/or,
  - (b) Reimbursement for eligible event costs that exceed City services support, as determined by a screening panel of the CITY OF FESTIVALS PROGRAM.
- 2. Reimbursement for City Services are the first priority for funding through this program.

TODAY'S DATE:
COMPANY/ORGANIZATION:
CONTACT NAME:
ADDRESS:
TELEPHONE NUMBER:
EMAIL ADDRESS:
COMPANY/ORGANITATION CTATUS

#### COMPANY/ORGANIZATION STATUS:

FORM OF BUSINESS ENTITY: CHECK MARK BOX INSERT INFORMATION

NON-PROFIT (COPY OF 501 (C)(3)(6) OR OTHER NOT FOR PROFIT TAX STATUS REQUIRED	FEDERAL ID#:
COMPANY	STATE REGISTERED ID#:
PARTNERSHIP	Business Operations Tax Certificate ID# or Exempt:
SOLE PROPRIETORSHIP	DATE COMPANY ESTABLISHED:
ASSOCIATION	

# CITY OF FESTIVALS SPECIAL EVENT SUPPORT PROGRAM EVENT INFORMATION

Event Title:				
Summary/Purpose of Event:				
Requested Date(s) of Event:				
Days of Week:				
Event Hours:				
Set-Up Time/Days:				
Please list all performers and entertainment acts. Performithem without prior approval of the City of Festivals Program.	ormers/entertainment acts may not be changed			
Estimated Attendance:				
Tickets to be Sold	Price Per Ticket: \$			
Types of Requested City Services:	Estimated Cost:			
Contact Special Event Services at (916)808-7888 or specialeventservices@cityofsacramento.org for information regarding City requirements for Special Event Permits and estimated costs for City services	<u>Estimateu Cost.</u>			
Parking for Street Closure, Bagged Meters, etc.				
Police Services				

Fire Services	
Solid Waste for Street Cleaning	
Utilities for Water	
Public Works for Electrical	
Other – Please Specify	
Sub-Total City Services Request:	\$
Non-City Services Support Request	Estimated Costs :
Non-City Services Support Request  Non-City services support reimburses for eligible expense portable restrooms, equipment rental, etc). If the awarequested City services will be earmarked for reimburses.  Describe the request and include an estimated cost in the attached on a separate page.	ses that are <u>not</u> City services (e.g. private security, ard amount only partially covers the total request, ement first.
Non-City services support reimburses for eligible expensions portable restrooms, equipment rental, etc). If the awarequested City services will be earmarked for reimbursed Describe the request and include an estimated cost in the	ses that are <u>not</u> City services (e.g. private security, ard amount only partially covers the total request, ement first.
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#### CITY OF FESTIVALS SPECIAL EVENT SUPPORT PROGRAM REFERENCES

Please provide a list of up to four (4) of the most recent events you and/or your organization has produced in the City of Sacramento in the last five (5) years; or if none within the City, outside the City of Sacramento.

EVENT NAME	BRIEF DESCRIPTION OF EVENT	DATE/ATTENDANCE	REFERENCE NAME & CONTACT INFORMATION

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 references and obtain information as related to this application. Please allow 20 working days for processing of application.

Applicant Na Applicant Si	ame (print): gnature:			_
Title:			Date:	
	This applic	cation form is subject to change	by the City of Sacramento at any time without notice.	
Attached:	Business Plan	Logistics Plan	Marketing Plan	
	List of Services provid	led by the City of Sacramento	Business Plan Checklist (completed)	

# CITY OF FESTIVALS SPECIAL EVENT SUPPORT PROGRAM Business Plan Checklist

#### This checklist must be submitted with application package

FINANCIAL	
Revenue Sources and Amounts for Entire Eve	nt
Expense Budget	
Sponsorship Program	
Economic Impact to Community Hotel Room Nights (how will you measure	e)
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	