



City of Sacramento
CITY OF FESTIVALS SPECIAL EVENT SUPPORT PROGRAM
Convention and Cultural Services Department
915 I Street, 3rd 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 grants at its sole discretion.

Questions concerning the grant program may be directed to:

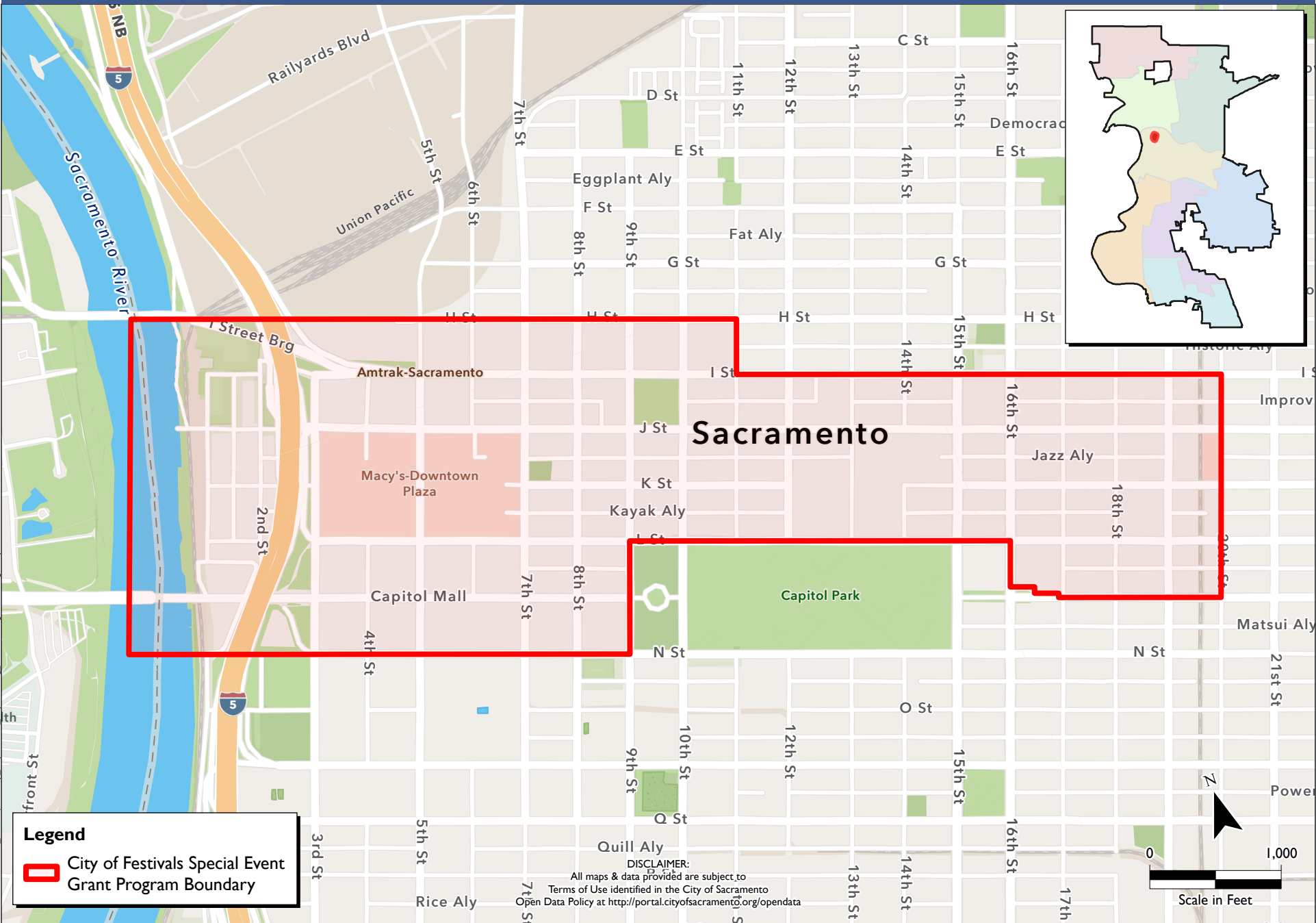
**Rebecca Bitter, Analyst
Department of Convention & Cultural Services
RBitter@cityofsacramento.org**

STOP!

Review the grant 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.

****IMPORTANT** REVIEW THIS MAP TO CONFIRM THAT YOUR PROPOSED EVENT IS WITHIN THE GRANT PROGRAM BOUNDARY. APPLICATIONS CAN NOT BE ACCEPTED FOR EVENTS OUTSIDE THE BOUNDARY.**

City of Festivals Special Event Grant Program Boundary



NEWGIS001\share\IT_GIS\Projects\City_Department_Maps\Parking_office\ParkingProgram.aprx 1/18/2023



City of Sacramento
CITY OF FESTIVALS SPECIAL EVENT SUPPORT PROGRAM
 Department of Convention and Cultural Services
 915 I Street, 3rd 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. **Grant awards are made as reimbursements for actual expenses incurred. Grant funding is awarded to grantees for the following:**
 - (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 a screening panel of the CITY OF FESTIVALS PROGRAM.**
2. **Reimbursement for City Services are the first priority for funding through this grant.**

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

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. Performers/entertainment acts may not be changed without prior approval of the City of Festivals Program.	
Estimated Attendance:	
Tickets to be Sold	Price Per Ticket: \$
<u>Types of Requested City Services:</u> Contact Special Event Services at (916)808-7888 or specialevents@cityofsacramento.org for information regarding City requirements for Special Event Permits and estimated costs for City services	<u>Estimated 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 Requested City Services:	\$
<u>Non-City Services Monetary Support Request</u>	<u>Estimated Costs :</u>
<p>Non-City services monetary support reimburses grantees for expenses that are <i>not</i> City services (e.g. private security, portable restrooms, equipment rental, etc...). <u>If the grant amount only partially covers the total grant request, requested City services will be earmarked for reimbursement first.</u></p> <p><i>Describe the request and include an estimated cost in the lines below. Additional information may be attached on a separate page.</i></p>	
Sub-Total Requested Monetary Support:	\$
Total Grant Request (City Services + Monetary Support)	\$

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 45 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
 List of Services provided 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 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