



APPLICATION

HIGHLANDS COUNTY TOURIST DEVELOPMENT COUNCIL ("TDC") FACILITY FEE EVENT GRANT

Funding amount requested: \$ _____

I. Applicant Information

1. Name of Applying Organization: _____
2. Official Name of Organization as registered with the Florida Division of Corporations: _____
3. Complete address of Applying Organization: _____
4. Website for Applying Organization: _____
5. Social Media for Applying Organization: _____
6. Applicant Contact Information
 - a. Name: _____
 - b. Title: _____
 - c. Phone: _____
 - d. Email: _____
7. If different from above, Name of Event Director/Coordinator (onsite Point of Contact):
 - a. Name: _____
 - b. Title: _____
 - c. Cell Phone: _____
 - d. Email: _____
8. Details about Applicant: (describe your business or organization)

II. Event Information

1. Name of Event: _____
2. Type of Event: _____
3. Level of Event (ex. Youth 13U, Adult Amateur, Etc.) _____
4. Is this Event an elimination tournament? _____
5. Dates of Event: _____
6. Location of Event: _____
7. Event Website: _____
8. Event Social Media Handles/Pages: _____
9. Event Admission Price (if applicable): _____

10. Schedule of Event: (can provide in separate attachment/document if needed)

III. Event History & Economic Impact

1. Has this organization received funding from the TDC for any events in past?

☐ Yes ☐ No

a. If yes, please provide the following information:

- i. Event Name: _____
- ii. Event Dates: _____
- iii. Room Nights Generated: _____
- iv. Reimbursement from TDC: _____

2. Has this event been held in another destination prior to Highlands County?

☐ Yes ☐ No

a. If yes, please answer the following:

- i. Previous Destination: _____
- ii. Dates: _____
- iii. Venue: _____
- iv. Total Room Nights Generated: _____
- v. Economic Impact (if available): _____
- vi. List of funding from outside entities, like a TDC, with entity names and amounts: _____

3. Projected number of attendees: _____

4. Percentage or number of attendees from outside of Highlands County: _____

5. Guaranteed minimum number of paid room nights the Event will bring to Highlands County: _____

6. To be eligible for financial support from Highlands County for future events, you must **first** provide data to the Highlands County Tourism office in a post-event report for this event. In addition to the Post-Event Report and Room Certification Forms required by the grant, how will you verify and document the attendees that traveled into Highlands County and stayed overnight?

7. Has this organization held events on Highlands County property before?

☐ Yes ☐ No

a. If yes, please answer the following:

- i. Are/Were you in compliance with all County agreements to pertaining to said event(s)?
☐ Yes ☐ No
- ii. Are/Were you nondelinquent on the payment of facility rental fees and all associated fees pertaining to said event(s)?
☐ Yes ☐ No

Grant Application Checklist

Please initial next to each item and fill in the blanks below. This list must accompany the Grant Application.

Initials

- _____ I have included the following required documents (check circle for each provided):
- ☐ IRS W-9 Form
 - ☐ Copy of Florida Division of Corporations Form (or similar from other state) providing names of authorized agents for organization
- _____ I understand that under this grant program, the grant will **ONLY** cover expenses for facility rental for this singular event, and that the payment of the approved facility rental fee will be handled internally between the Highlands County Tourism office and the Highlands County Parks & Facilities Department. I understand neither I nor my Organization will directly receive any grant funds from Highlands County for this grant.
- _____ I understand that if the pricing for the facility rental changes between the time of this application approval and the payment due date, that any overages are my responsibility and not that of Highlands County. If the amount is less, Highlands County will only pay the required amount and any additional funding that was approved by way of this application is forfeited.
- _____ I understand that I am responsible for providing the Highlands County Tourism office with all information regarding the facility rental fees and payment requirements at least one week (seven days) prior to the payment due date.
- _____ I understand that I am responsible for scheduling and confirming the use of the facility with the Highlands County Parks & Facilities department for this event. Scheduling my event and specific needs of my event with the Parks & Facilities Department is **not** part of the responsibility of the TDC, Highlands County Tourism, nor any County staff.
- _____ I understand that in order to rent a Highlands County facility, I will be required to enter into a Facility Use Agreement provided by the Highlands County Parks & Facilities department, agreeing to comply with the Highlands County Facility Rental Terms and Conditions.
- _____ I understand that if this application is approved, Highlands County Tourism is only responsible for paying for the facility rental fee and that any further details regarding my event's use of the facility should be communicated directly with the Highlands County Parks & Facilities department.
- _____ I understand that I am responsible for ensuring that all necessary accommodations for my event are booked at the facility **before** the Highlands County Tourism division makes payment for the facility rental. This includes field readiness, use of lighting, concession space, etc.

- _____ I understand that any additional costs incurred after Highlands County Tourism makes payment for the facility rental are my financial responsibility, and not that of the TDC or Highlands County. This includes the addition of lighting usage, or additional expenses for cleaning beyond normal use of facility.
- _____ I understand that any costs incurred for a late cancellation or rescheduling of the event are my responsibility to pay, and not that of the TDC or Highlands County.
- _____ I understand that any price negotiation will not be responsibility of or involve the TDC or Visit Sebring staff.
- _____ I understand that someone representing this grant application must be available at the TDC meeting when it considers the application for funding or the application will not be considered.
- _____ I understand that the “*Visit Sebring*” logo must appear in any print advertisements that are funded by this grant. For digital advertisements, the “*Visit Sebring*” logo must either be featured on the advertisement or on the website/landing page linked to the advertisement, or the advertisement must link to the Highlands County Tourism’s website, VisitSebring.com. **I will also use the #VisitSebring hashtag on social media posts related to this event.**
- _____ I acknowledge that I am required to prepare and submit the **Post-Event Report Form** for the Event within thirty (30) days after the finish of the Event to be eligible for future grant funding from Highlands County Tourism. If there is another event for which my Organization is to receive funds from Highlands County Tourism before the thirty (30) days expires for the grant that is the subject of this application, I will first submit the Post-Event report for the grant with the earlier deadline.
- _____ I have reviewed the **Highlands County Special Event Permit Flow Chart** and will proceed with any required county permits. (Contact: Melony Culpepper; (863) 402-6638). I understand that this event may require a Highlands County Special Event Permit, and it is up to me to timely complete that permit request and pay the required permit fee.
- _____ I understand all insurance expectations required by the County and will provide the Highlands County Tourism office with all required Certificates of Insurance (COIs) naming “Highlands County” as additional insured no later than fifteen (15) days before the Event begins.
- _____ I acknowledge that any material made or received by Highlands County in connection with my request for grant funding is a public record and subject to public inspection unless there is a legislatively created exemption that makes it confidential and not subject to disclosure. I acknowledge that I cannot dictate to Highlands County what material is open to public inspection or the circumstances under which material is deemed confidential.
- _____ I understand that as a requirement to receiving grant funding, I will execute a release to permit Highlands County to photograph and/or record the Event and I must make Event invitees aware of this and make the signing of a release a requirement to participate in the Event.

_____ I understand that all grant funds received by my Organization are subject to audit by the Highlands County Clerk of the Court – Internal Auditor or other representative as Highlands County may designate.

_____ I have reviewed and understand all policies and guidelines pertaining to this grant.

Authorized Agent (Print name): _____

Title: _____

Date: _____

Authorized Agent Signature: _____