



2020 EVENT FUNDING GRANT APPLICATION

Please complete all information; do not leave any spaces blank.

Write N/A in spaces that do not pertain to your event. Incomplete applications will not be processed.

APPLICANT INFORMATION			
Name Organization		Federal Tax ID Number	
Mailing Address	City	State	Zip Code
Physical Address	City	State	Zip Code
Event Funding - Grant Amount Requested	\$	Years Event Received Funds	
Event Contact			
Name _____		Office Phone Number _____	
Title _____		Fax Phone Number _____	
Email Address _____			
A Certificate of 501(c) (3) status from the IRS must accompany the application form			
Please Provide a Brief Description About Your Organization			
EVENT OVERVIEW			
Name of Event _____			
Event Date(s) _____			
Event Location _____		Private Property <input type="checkbox"/>	Public Property* <input type="checkbox"/>
Event Start Time _____		Event End Time _____	
Admission <input type="checkbox"/> Yes <input type="checkbox"/> No		Cost _____	
*If this event is taking place on City of Chandler public property, a Special Event Application must be submitted with this application.			
Anticipated Attendance			
Participants _____		Spectators _____	
Audience Demographics			
Event Co-Organizers (These are additional organizations assisting in producing this event)			
Will you have event co-organizer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please list below...			

EVENT HISTORY			
Is this considered to be an annual event? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is this event... <input type="checkbox"/> New <input type="checkbox"/> Recurring			
Years in existence _____			
Average Attendance 2019-2020 _____		2018-2019 _____	

EVENT HISTORY CONTINUES

Previous Event Highlights...Please Describe

[Empty dashed box for Previous Event Highlights]

Past Event Media Coverage...Please Describe (Include any mention of the City of Chandler coverage)

[Empty dashed box for Past Event Media Coverage]

GENERAL EVENT INFORMATION

Please provide a comprehensive description of all event activities and entertainment.

[Large empty dashed box for General Event Information]

What makes your event unique?

[Empty dashed box for What makes your event unique?]

What is the theme of your event?

[Empty dashed box for What is the theme of your event?]

BENEFITS TO THE CHANDLER COMMUNITY

Will a commercial agency receive any portion of the gross revenues?

 Yes No

If yes, what is the percentage? _____

Will the donated proceeds for this event be divided between organizations? If yes, specify percentage split.

How does this event enhance pride and a sense of community?

What cultural and/or educational impact will your event have on the Chandler community and how will it demonstrate it's unique diversity, history and heritage?

Please describe the economic impact to the City of Chandler attributable to the event. (i.e. hotel rooms booked, sales tax generated from retail sales, spending habits of participants and spectators, etc.)

EVENT SPONSORSHIP/CONTRIBUTORS

Please complete the following... (Do not include any items received from City of Chandler)

Event Sponsors/Contributors

What are they providing?

Event Sponsors/Contributors	What are they providing?

CITY OF CHANDLER

What services are being requested from the city for the event to take place? (i.e. police, fire, water, etc.)

Will you be requesting the use of the City's logo? Yes No

If yes, list items you will use the logo on. Provide samples if available.

Will the City receive signage opportunities at the event? Yes No

If yes... Quantity _____
 Type _____
 Location _____

What additional money, services or donations is this event receiving from other departments, divisions or agencies within the City of Chandler during the Fiscal Year 2020-2021? Please list below...

<u>Item(s) Received</u>	<u>Department/Division</u>		
		<input type="checkbox"/> In-Kind Service	<input type="checkbox"/> Direct Payment
		Value of In-Kind Service	\$ _____
		<input type="checkbox"/> Donation/Grant	\$ _____
		<input type="checkbox"/> In-Kind Service	<input type="checkbox"/> Direct Payment
		Value of In-Kind Service	\$ _____
		<input type="checkbox"/> Donation/Grant	\$ _____
		<input type="checkbox"/> In-Kind Service	<input type="checkbox"/> Direct Payment
		Value of In-Kind Service	\$ _____
		<input type="checkbox"/> Donation/Grant	\$ _____

EVENT MARKETING/PUBLICITY

Please describe your event marketing and publicity plan. (Include any current promotional materials)

How will your sponsors be identified in this event marketing and publicity plan?

PLEASE READ CAREFULLY BEFORE SIGNING

I certify that the information set forth within this application is complete, true and correct to the best of my knowledge and belief, and that I have received and will comply with the information set forth in the handbook. Information from this application is considered public information and may be distributed to outside agencies at their request. Acceptance of this application should in no way be construed as final approval or confirmation of this request. The City of Chandler reserves the right to refuse the application and it is revocable if deemed in the best interest of the City of Chandler.

Authorized Agent/Event Chairperson Name (PRINT)

Signature

Title

Date