



## Special Event Marketing Program Application

When completing the Special Event Marketing Program Application, please provide detailed responses including examples, news clippings, screen shots, pie charts, etc. Please attach all additional documents and label them accordingly. Responses must be thorough and accurate.

APPLICANT INFORMATION			
<b>Organization:</b>			
<b>Primary Contact:</b>			
<b>Address:</b>	<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>
<b>Phone (Daytime):</b>	<b>Phone (Evening):</b>		
<b>Fax:</b>	<b>Email Address:</b>		
<b>Not-for-Profit Organization:</b>	Yes	No	
EVENT INFORMATION			
<b>Event Name:</b>			
<b>Event Date(s):</b>			
<b>When was this event established?</b>			
<b>Target Audience (adults only, adults and children, hobby specific, etc):</b>			

**EVENT DESCRIPTION:**

Please attach a detailed event description, including the following: Volunteer Base, Photo Library, Media Coverage, Room Nights, Time of Year, Event Site, Sponsorship Opportunities, Social Media, etc.

---

Please attach a detailed event plan: schedules, competition details, special events, entertainment line-up, etc.

---

**LOCATION:**

What is your preferred location/facility for the event?

---

Where has this event previously been held?

---

**MARKETING PLAN:**

**In order to be eligible for reimbursement, all marketing efforts must be targeted outside of Pasco County. It is preferred that all marketing efforts be done regionally, state-wide, nationally and/or internationally.**

Please attach a detailed breakdown and timeline of the Special Event Marketing Plan, including the following: ad sizes, placement, publish date, location, etc.

---

**EVENT BUDGET:**

**The purpose of the Special Event Marketing Program is to supplement a portion of the marketing efforts in order to promote Pasco County to tourists.**

Please attach a detailed breakdown of the total event operational and marketing budget.

---

**SPECIAL EVENT MARKETING FUNDING REQUEST:**

Total Amount Requested:

---

Intended use of funds (Please see list allowable expenses on website):

---

How will the requested funds impact the success of the event?

---

---

**EVENT SPONSORSHIP:**

Please attach your current Event Sponsorship Packet (sponsorship levels, benefits of each level, etc).

---

Was additional funding for this event requested? Yes \_\_\_\_\_ No \_\_\_\_\_

If "yes," was funding received from a Sports Commission, County, State, or private entity? Please provide name(s) of source(s) and value of funding:

---

---

If "no," please explain.

---

---

Do you intend on approaching sponsors for this event in addition to this funding request?

Yes \_\_\_\_\_ No \_\_\_\_\_ Please Explain:

---

---

**IN-KIND SUPPORT:**

Please provide details on any in-kind support from the community that has been committed to the event i.e. donated services, facilities, volunteer staff, advertising, etc.

---

---

Please note: Eligibility is determined by the Office of Tourism Development, the Tourist Development Council and the Board of County Commissioners. All funding is discretionary based on completed internal review of applications, attachments and post event reports.

**APPLICATION COMPLETED BY:**

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date