



CITY OF
SANFORD
COMMUNITY REDEVELOPMENT AGENCY

Special Event Grant Application

Application Date: _____

Amount Requested \$ _____

NAME OF EVENT _____

DATE OF EVENT _____

Applicant/Organization Name:

Applicant/Organization Address:

Contact person for Application: _____

Applicant Phone Number _____

Applicant Email _____

1. Describe the event including the specific location, target audience, mission, goal, and objectives.

2. How many attendees are expected? _____

3. Describe how this event will have a positive economic impact on the SCRA Area and how you plan to show evidence of this impact.

4. How will the SCRA and City of Sanford be recognized?

5. Please attach the following.

- a. Event Budget
- b. Sources and Uses of funds (Sponsors, Ticket Sales, etc.)
- c. Marketing Plan (flyers, advertisement etc.)
- d. City Costs Estimate issued by the City of Sanford.
- e. Signed copy of the program criteria.
- f. Any other information you would like the SCRA to consider.

CERTIFICATION

I, the undersigned, being a duly authorized representative of the Applicant herein named, and acting herein for and behalf of each Applicant, do hereby certify as follows (i) I have been duly authorized by the Applicant to make and submit this application and certification, (ii) the information contained herein and supplied by the Applicant in support of this application is accurate and complete in all material respects; and, if selected for funding, the Applicant will enter a grant funding agreement with the Sanford Community Redevelopment Agency before the event occurs.

DATE

BY

NAME

TITLE

Completed applications and accompanying documents should be mailed or delivered to:

Executive Director, Sanford Community Redevelopment Agency, 300 N Park Avenue, Sanford, FL 32771