



2019-2020

**City of Hemet Special Event Funding Application**

**Form A**

**(Request for Assistance \$100 to \$999)**

**Special Notice for Fiscal Year 2019-2020:**

- If approved by the City, events held in City parks: Weston, Gibbel or Mary Henley will receive priority for possible funding.
- This announcement or submission of an application is in no way a commitment of funding. Due to potential City budget constraints for FY19/20, there is a possibility that the City Council will not award any grants.
- Prior year (990 or 199) need to be submitted with this application. This allows the City to confirm that they are contributing to organizations in good standing.

**Request Guidelines:**

- If you are requesting financial assistance for more than one event, a separate request form and distinct separate budget must be submitted for each request.
- Application Deadline: For an event occurring between July 1, 2019 and June 30, 2020, **the Application Deadline is April 4, 2019 at 5:30 p.m.**
- Any questions re: submitting a funding request should be directed to the City of Hemet – City Manager’s Office (951) 765-2301, Attn: Sarah McComas

1. NAME OF EVENT: \_\_\_\_\_

2. DATE OF EVENT: \_\_\_\_\_

3. LOCATION OF EVENT: Address: \_\_\_\_\_

*(if no address, provide description of location)*

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_

4. NAME OF APPLICANT/ORGANIZATION WHO IS PRODUCING THE EVENT: \_\_\_\_\_

5. CONTACT PERSON: Name: \_\_\_\_\_

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

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

Email: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_

6. DESCRIPTION OF EVENT (Time, Date, Facility): \_\_\_\_\_

\_\_\_\_\_

**City of Hemet Event Funding Application (cont.)**

7. HOW DOES THE PROPOSED EVENT BENEFIT THE COMMUNITY? Attach separate pages as needed:

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8. ANTICIPATED NUMBER OF ATTENDEES: \_\_\_\_\_

9. IS THIS A FUNDRAISING EVENT?: \_\_\_\_\_ NO \_\_\_\_\_ YES

10. IS THIS EVENT FREE TO THE PUBLIC?: \_\_\_\_\_ NO \_\_\_\_\_ YES

11. IS THIS A FIRST TIME EVENT?: \_\_\_\_\_ NO \_\_\_\_\_ YES

IF NO, HOW MANY YEARS HAS YOUR ORGANIZATION PRODUCED THIS EVENT?: \_\_\_\_\_

12. LIABILITY INSURANCE?: \_\_\_\_\_ NO \_\_\_\_\_ YES AMOUNT \_\_\_\_\_  
CARRIER: \_\_\_\_\_

13. HAVE YOU CONSULTED WITH CITY/COUNTY/STATE AND OTHER AGENCIES TO DETERMINE WHAT PERMITS WILL BE REQUIRED TO CONDUCT THE EVENT?

\_\_\_\_\_ NO \_\_\_\_\_ YES

If YES, what permits have you determined are required? (i.e., Special Event, Street Closure, Park Reservation, Sign Permit, ABC Alcohol, Environmental Health, Fire Dept, etc...):

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14. TOTAL AMOUNT OF FINANCIAL ASSISTANCE REQUESTED: \$ \_\_\_\_\_

Please Provide Detail of Assistance Requested Below:

A. Requested City of Hemet **In-Kind Support** (Please List):

*(i.e., Permit Fee Waive, Traffic Control, Security, Electrical Support, Other City Staff Labor, City Equipment, Portable Restrooms, Street Barricades, City Facilities, etc.)*

\_\_\_\_\_ .....\$ \_\_\_\_\_  
\_\_\_\_\_ .....\$ \_\_\_\_\_  
\_\_\_\_\_ .....\$ \_\_\_\_\_

B. Requested City of Hemet **Monetary Support**:.....\$ \_\_\_\_\_

**TOTAL IN-KIND AND MONETARY SUPPORT (sum of A + B):** \$ \_\_\_\_\_

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**City of Hemet Event Funding Application (cont.**

**OFFICIAL WITH CONTRACTING AUTHORITY FOR THE ORGANIZATION**

**I HEREBY CERTIFY** that the facts stated herein this Event Funding Request are true and correct to the best of my knowledge. The Event described herein will be conducted in accordance with all applicable city/county and other regulations, and the Event provides equal access to employment and event participation without regard to race, color, religion, sex, national origin, age, disability, or military status in accordance with applicable federal laws.

\_\_\_\_\_  
Official's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Official's Name & Title (Print)