



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:

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...):

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): \$ _____

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)



2019-2020

City of Hemet Special Event Funding Application
Form B

(Request for Assistance of \$1,000 or More)

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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, **Application Deadline is April 4, 2019 at 5:30 pm.**
- Any questions re submitting a funding request should be directed to the City of Hemet – City Manager’s Office at (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 Special Event Funding Application (cont.)

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

8. ANTICIPATED NUMBER OF OUT-OF-TOWN OVERNIGHT ATTENDEES: _____

9. ANTICIPATED NUMBER OF LOCAL ATTENDEES: _____

10. IS THIS A FUNDRAISING EVENT?: _____ NO _____ YES

11. EVENT PROMOTION: What type of advertising/public relations/promotion methods do you plan to use to advertise the Event? For example, provide details of promotional activities, materials, and ad placements, including the names of publications, location of billboards, tv/radio stations, websites, number of postcards to be produced, etc. Attach separate pages as needed: _____

12. IS THIS EVENT FREE TO THE PUBLIC?: _____ NO _____ YES

13. IS THIS A FIRST TIME EVENT?: _____ NO _____ YES

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

14. WHAT HOTELS HAVE COMMITTED TO SPECIAL RATES OR PACKAGES FOR THE EVENT DATE?: _____

15. HOW MANY ESTIMATED HOTEL ROOM NIGHTS WILL BE GENERATED BY THIS EVENT? _____

16. DESCRIBE YOUR PROCEDURES FOR CROWD CONTROL AND SECURITY. Attach separate pages as needed: _____

17. LIABILITY INSURANCE?: _____ NO _____ YES AMOUNT: _____
CARRIER: _____

City of Hemet Special Event Funding Application (cont.)

18. 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...):

19. TOTAL AMOUNT OF FINANCIAL ASSISTANCE REQUESTED: \$ _____

Include total value of all monetary assistance -AND- in-kind assistance you are requesting from the City of Hemet (see *Projected Event Budget Worksheet*).

20. COMPLETE THIS PROJECTED EVENT BUDGET WORKSHEET:

ANTICIPATED REVENUE:

- 1. Admissions\$ _____
- 2. Booth/Space Rentals\$ _____
- 3. Corporate/Individual Sponsorships (Please List):
 - _____\$ _____
 - _____\$ _____
 - _____\$ _____
 - _____\$ _____
- 4. Other Revenue (Please List):
 - _____\$ _____
 - _____\$ _____
- 5. 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.)
 - _____\$ _____
 - _____\$ _____
 - _____\$ _____
 - _____\$ _____
- 6. Requested **City of Hemet** Monetary Support:\$ _____
- TOTAL PROJECTED REVENUE:**\$ _____

City of Hemet Special Event Funding Application (cont.)

ANTICIPATED EXPENSES:

7. Personnel:

Administrative\$ _____
Artistic.....\$ _____
Technical/Production.....\$ _____
Other\$ _____

8. Space Rental.....\$ _____

9. Equipment Rental/Purchase\$ _____

10. Miscellaneous Supplies.....\$ _____

11. Permits/Licenses.....\$ _____

12. Advertising/Marketing.....\$ _____

13. Other Expenses (Please List):

_____\$ _____
_____\$ _____

TOTAL PROJECTED EXPENSES:\$ _____

City of Hemet Special Event Funding Application (cont.)

- SIGNATURE PAGE -

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)