

SECTION A: APPLICANT INFORMATION

Organization/individual name: _____

Primary contact: _____

Applicant mailing address: _____
Street City State Zip Code

Phone number: _____ Email address: _____

Web page: _____

Is the organization a registered 501(c)(3) Non profit*? _____
*If yes, please attach a copy of your tax-exempt status

When was your organization founded? _____

SECTION B: EVENT INFORMATION

Event name: _____

Event date and time: _____

Event location: _____

Is this a recurring event? _____

If yes, how often is the event held and how long has it been held? _____

Is this event (check all that apply) Family friendly Open to the public (required)
 For profit Admission fee: Yes / No

Projected number of attendees: _____

SECTION B: EVENT INFORMATION (continued)

Has this event received City, GCRA, or CRA support in the past*? Yes No

*If yes, list when and what type of assistance.

Your project idea (select the category for which you're your project most closely aligns)

- Arts & Cultural Initiatives
- Cultural Celebration
- Musically Focused
- Other:
- Covid-19 and/or Recovery and Resiliency
- Economic Development
- Neighborhood Improvement

Describe the event for which community funding is being requested. Provide details regarding activities, vendors, entertainment, etc.

If grant funds are needed upfront, please provide details as to how much upfront is needed and why.

What are the marketing and promotional plan for this event? Which media platforms will you use to promote the event?

SECTION B: EVENT INFORMATION (continued)

Will you list the City of Gainesville and the Gainesville Community Reinvestment Area as sponsors for the event?

Are you partnering with any other organizations/businesses to put on this event? If so, list each organization and its contribution.

Explain how this event will positively impact the GCRA Community (required).

Additionally, please explain how this event aligns with the City's goals of

- Equitable Community (Promoting equal access to all, multiple language events, neighborhood focus)
- More Sustainable Community (Promotes renewables and recycling, more opportunity to enjoy natural areas, responding to climate change)
- A Great Place to Live and Experience (Promotes a great quality of life, more opportunities for diverse cultures and ages, promotes safety in the community)

SECTION B: EVENT INFORMATION (continued)

- Resilient Local Economy (Promotes opportunities for job and career training, promotes small business start-up, development, and success)

- "Best in Class" Neighbor Services (Promotes the City of Gainesville as "Best in Class" to the community)

Does your organization have insurance for the event?

Yes No

- Note, Applicant understands that General Liability insurance is required?

Yes No

It is recommended but not required that the Applicant submit a three-minute pre-recorded audio or video "elevator pitch" for their event. This elevator pitch will be provided to the GCRA Staff for review with their application.

SECTION B: EVENT INFORMATION (continued)

Proposed Event Budget

DESCRIPTION	TOTAL EVENT BUDGET	DOWNTOWN EVENT PROGRAM GRANT REQUEST	OTHER CITY GRANTS OR SUPPORT
Personnel – Administrative (including volunteers)			
Personnel – Artistic			
Personnel – Technical/Production			
Outside Artistic Fees and Services			
Outside Other Fees and Services			
Space Rental (Venue/Park)			
Equipment Rental			
Support Services-Safety (GPD/GFR)			
Support Services-Traffic			
Support Services-Waste			
Support Services-Parks Clean Up			
Marketing/Advertising/ Publicity			
Material & Supplies			
Printing			
Postage			
Remaining Operating Expenses			
TOTAL PROPOSED EXPENSES			

SECTION C: ACKNOWLEDGEMENT AND SIGNATURES

By signing and submitting this Application, the Applicant certifies, attests, and acknowledges the following:

1. The Applicant has been provided a copy and has read, understands, and will comply with the GCRA Downtown Events Program Grant guidelines
2. The Applicant agrees to indemnify, defend, and hold harmless the City, its elected and appointed officials, employees, and agents from and against any liability, losses, claims, demands, damages, fines, fees, expenses, penalties, suits, proceedings, actions, and cost of actions, including reasonable attorneys' fees for trial and on appeal, of any kind and nature arising or growing out of or in any way connected with the Applicant's or its agents', employees', partners', or subcontractors' performance of or obligations under this Program and Application, whether caused by any act or omission of Applicant or its agents, employees, partners, or subcontractors including the negligence, recklessness, or intentional wrongful conduct of the Applicant or its agents, employees, partners, or subcontractors. This section will survive the termination or expiration of this Program and Application.
3. Upon completion of the event, the Applicant agrees to submit receipts for all event-related purchases that were made using Program funding. Any funds that are not accounted for will need to be paid back to the GCRA. Failure to comply will result in ineligibility for future funding.
4. The Applicant certifies that all information in the Application, and all information furnished in support of this Application, is true and complete to the best of my/our knowledge and belief. I/we understand that I/we have a continuing obligation to inform the GCRA (in writing) of any changes to the information provided in this Application. I/we understand that the City may request verification of this information. If it is discovered that information was supplied that was intentionally false or misleading, the GCRA can cancel the grant Agreement with no further financial obligation to the Applicant and may, at its discretion, attempt to recover grant funds that have already been disbursed.
5. Nothing in this Agreement shall be interpreted or construed as a waiver of the CITY'S sovereign immunity set forth in section 768.28, Florida Statutes.
6. Venue; Jurisdiction. (a) Each party submits to the jurisdiction of the State of Florida, Alachua County, and the courts thereof and to the jurisdiction of the United States District Court for the Northern District of Florida, for the purposes of any suit, action, or other proceeding relating to this Agreement and agrees not to assert by way of a motion or a defense or otherwise that such action is brought in an inconvenient forum or that the venue of such action is improper or that the subject matter thereof may not be enforced in or by such courts.
7. Governing Law; Construction. The laws of the State of Florida will govern the validity, performance, and enforcement of this Agreement.
8. Any permits required are the responsibility of the Applicant to acquire.
9. If executed by both the City and the Applicant, this Application shall constitute an agreement between the City of Gainesville and the Applicant.
10. The Applicant understands and accepts that GCRA staff will examine the application and be the sole determiner of a completed application. GCRA staff will award points based on meeting the criteria in the application. A minimum of two points must be awarded for a grant to be considered.
11. Grants will not be awarded after an event has occurred and the applicant accepts that the City may take up to 30 days to approve a grant under this Program.

SECTION C: ACKNOWLEDGEMENT AND SIGNATURES

By signing this Application the Applicant acknowledges that this Application, if approved by the City, shall serve as an agreement between the City of Gainesville and the Applicant.

Applicant Name

Applicant Signature

Date

Notarization is required for a Complete Application but is not required for initial review.

STATE OF _____, COUNTY OF _____

The foregoing instrument was acknowledged before me this _____ day of _____

20_____, by _____, who is personally known to me or who has

produced _____ as identification.

Notary Public, State of _____

My commission expires _____

If approved by the City the City Manager will complete the below

City Manager or designee:

Sign name: _____

Print name: _____

Approved as to Form and Legality

By: CITY/GCRA Attorney

STATE OF FLORIDA

Submit completed applications by mail or in-person to:

Gainesville Community Reinvestment Area
Attn: Downtown Event Program
2153 SE Hawthorne Road, Suite 223
Gainesville, FL 32641

FOR CITY/GCRA USE ONLY: DO NOT WRITE IN THIS SECTION

Date & Time Application Received: _____

Received by (print name): _____

Reviewed by (print name): _____

Date & Time Application Deemed Complete: _____

Completeness Ranking: _____

Grant Amount Requested: _____

Documentation Received:

- Application
- Must have at least two points below
- Event positively impacts the GCRA Community (required and worth 1 point) Y/N
- Meets each of the following City's Strategic Goals (each goal worth 1 point)
 - Equitable Community Y/N
 - Sustainable Community Y/N
 - Great Place to Live and Experience Y/N
 - Resilient Economy Y/N
 - "Best in Class" Neighbor Services Y/N
- Grant Amount Approved:
- Denied. Reason:

Date Applicant notified in writing of Approval/Denial:

Additional Documentation Received:

- Receipts for purchases made with grant funds.
- Completed Downtown Event Program Expense & Reporting Form

City of Gainesville GCRA Downtown Events Program Expense & Reporting Form

Program recipients are required to use this form to document all pledged matching grant funds. Once the event is completed, the recipient must confirm that the pledged value was received.

- Receipts for services or merchandise that were approved for the grant activities
- Materials donated are valued at their retail cost.
- Volunteer labor preceding the award of the grant cannot be counted.
- Professional Services must document the value of their contribution on official letterhead and are valued at their customary retail rate.

Project Name: _____

The businesses, individuals, or organizations listed below commit to donating volunteer time, materials, services, or cash for the above project.

Post Event (Required):

Number of Attendees: _____

Number of tickets sold and at what price points (if applicable): _____

Number of Vendors: _____

Types of Vendors: _____

Number of Sponsors (if applicable): _____

Total Cash Value of Donations from Sponsors: _____

To be completed after grant approval and before the event				To be completed after the event	
Name/Address/ Phone	Signature	Description of donation or volunteer role	Value of items or hours	Actual value received (if volunteer show # hours x \$25 to equal total value	Date and Initials of Applicant Certification to Accuracy