

Community Redevelopment Agency

EVENT GRANT

APPLICATION



**The City of Avon Park
Community Redevelopment Agency
110 E. Main St.
Avon Park, FL 33825
863/452-4403 – FAX 863/452-4413**

Event Grant Application

Date: _____

Applicant's Name: _____

Event Location: _____

Business phone	cell phone	home phone	FAX
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Summary of Proposed Event _____

The following rules apply to all applications:

1. Matching Event Grants are made available to individuals and organization on a case by case basis. They must be approved in advance by the Community Redevelopment Agency (CRA) upon recommendation of the Main Street Advisory Board.
2. The Event must take place within the CRA Main Street District.
3. The event must be open to the general public and any admission fees proposed to be charged, if any, must be disclosed in the application. Please include in the project narrative the estimated number of attendees.
4. A complete budget of anticipated income and expenses must be included with the application. Also include an estimated number of participants and attendees.
5. Eligible expenses include, but are not necessarily limited to, rental of tables, chairs, tents, and portable toilets, entertainment costs, rental of the Community Center, insurance and advertising (including radio, newspapers and the printing of posters and flyers). Expenses for food, beverages, eating and drinking utensils and other "consumables" are specifically **NOT** eligible for reimbursement or to be counted as part of the applicants match.
6. The applicant must obtain all necessary permits and approvals.

TOTAL COST OF PROPOSED EVENT \$ _____
(Obtain and attach as many bids/quotes for this
Event as possible)

TOTAL AMOUNT OF GRANT REQUESTED \$ _____
(not to exceed 50% of eligible Event costs)

I understand this application for an Event Grant requires that I submit paid receipts for all eligible expenses. All print advertising shall list the Main Street CRA as an event sponsor.

The CRA reserves the right to accept or reject any application, or part thereof.

PRINT EVENT SPONSOR'S NAME

AUTHORIZED REPRESENTATIVE'S SIGNATURE

DATE

For official use only

CRA Advisory approved: Yes No DATE: _____

CRA Board approved: Yes No DATE: _____

Informed grantee date: _____ Initials: _____