***FY 2015-2016 Arts/Culture/Heritage (ACH) Application for TDC Sponsorship***

Sponsorship Application Form

**Section I: General Information**

|  |  |
| --- | --- |
| Name of Organization | Click here to enter text. |
| Contact Person | Click here to enter text. |
| Title | Click here to enter text. |
| Address | Click here to enter text. |
| City, State, Zip (+4) | Click here to enter text. |
| Telephone | Click here to enter text. |
| Fax | Click here to enter text. |
| Email | Click here to enter text. |
| Website | Click here to enter text. |
| Name and Title of Chief Staff Person,(if different from above) | Click here to enter text. |
| Name and Title of Chair/President Board of Directors | Click here to enter text. |
| Year Organization Founded | Click here to enter text. |
| 2015-16 Sponsorship Request Amount | Click here to enter text. |
| Project/Event Title  | Click here to enter text. |
| Projected Event Date | Click here to enter text. |
| Total Project/Program Cost | Click here to enter text. |

**Section II: Public & Economic Impact Information**

|  |  |
| --- | --- |
| Total number of employees | Click here to enter text. |
|  Full-time | Click here to enter text. |
|  Part-time | Click here to enter text. |
| Total personnel costs, including benefits/taxes | Click here to enter text. |
| Estimated volunteer hours (excluding board meetings) | Click here to enter text. |
|  Board Members | Click here to enter text. |
|  Community Volunteers | Click here to enter text. |
| Estimated value of In-Kind or other Donated services/materials | Click here to enter text. |
| Total **Paid** attendance at cultural events/activities | Click here to enter text. |
| Explain any significantly large attendance numbers (TV, free programs, etc.) | Click here to enter text. |

**Program Category:** (check one)

[ ]  **Regional Events- multiple consecutive day recurring events**

Maximum Request: $100,000. 50% must be spent targeting out of market audiences. Consortium or collaboration partner events are eligible but ACH sponsorship funds from one partner may not be used to match other ACH sponsorship funds for the event or activity. Requires a minimum 1 to 1 match, of which, not more than 25% may be in-kind documented services or products. In-kind volunteer hours are not eligible to be included in the match.

[ ]  **ACH ongoing Cultural Program Development and Presentation**

Maximum Request: $50,000. Minimum cash match of $2 to each $1 ACH Sponsorship. In kind match is not allowed.

[ ]  **Enhancement Events that have little or no income potential**

Maximum Request: $10,000. 1 to 1 Match of which 75% may be documented in- kind services or products, excluding volunteer hours.

[ ]  **Fundraising Events that are Arts, Culture and Heritage focused**

Maximum Request up to $10,000. 1:1 cash match. 50% of ACH Sponsorship must be allocated to out of market advertising and promotion.

[ ]  **Fundraising Events that are Arts, Culture and Heritage focused but support projects or programs of non-ACH related applicants.**

Maximum Request up to $10,000. 1 to 1 cash match. 100% of ACH Sponsorship must be allocated to out of market advertising and promotion. All proceeds must be allocated to Polk County purposes.

**Section III: Program Summary**

**In no more than 150 words**, briefly describe your organization’s proposed plans and activities. Explain how your project/program will:

1. Introduction Statement
2. Increase awareness of and participation in the quality and diversity of Arts Culture and Heritage programs in Polk County;
3. Generate incremental overnight stays in Polk County; and
4. Generate incremental economic activity in addition to overnight stays.

|  |
| --- |
| Click here to enter text. |

**Section IV: Organization Budget (Cash) History**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Current fiscal year****(m/yr) to**  | **Most recent completed fiscal year to**  | **Prior fiscal year to**  |
| **Earned Income\***  | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| **Contributed Income**  | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Individual Contributions | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Corporate Contributions | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Corporate Sponsorships | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| **Government Sources**  | Click here to enter text. | Click here to enter text. | Click here to enter text. |
|  City  | Click here to enter text. | Click here to enter text. | Click here to enter text. |
|  County TDC Sponsorships | Click here to enter text. | Click here to enter text. | Click here to enter text. |
|  Other City/County | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| **State**  | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| **Federal**  | Click here to enter text. | Click here to enter text. | Click here to enter text. |
|  |  |  |  |
| **Other**  | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| **Total Operating Income**  | Click here to enter text. | Click here to enter text. | Click here to enter text. |
|  |  |  |  |
| Total Operating Expenses | Click here to enter text. | Click here to enter text. | Click here to enter text. |
|  |  |  |  |
| Surplus/(deficit)  | Click here to enter text. | Click here to enter text. | Click here to enter text. |

**\*** Earned income includes ticket sales, concessions, rentals, etc.

Please explain any significant variances in the Program Management section of the Narrative.

**Section V: Sponsorship Application Narrative**

Explain how sponsorship funds will be allocated to meet each of the following criteria during the 2015-2016 fiscal year in **no more than 5 typed pages** total (min. 12 point font, 1 inch margins). Applicants are expected to address each of the Narrative (A through E) sections. Applicants are urged to review the scoring rubric in the Guidelines that will be used by the panel in evaluating the applications**. Please outline your response in the same format as below.**

**REVIEW CRITERA AND NARRATIVE STATEMENT**

**Sponsorship review criteria and scoring will focus on five target areas, and the applicant should specify if any area is inapplicable to their project by stating “N/A”:**

1. **Cultural Development Programming - 30 Points**
	1. Arts/Culture/Heritage quality and importance of the event or program – why is this event or program worthy of sponsorship support from an arts, culture, or historic significance perspective?
	2. What are the qualifications of the event/program artists, performers or technicians involved?
	3. How will this event or program generate future interest in the cultural development of Polk County?
	4. Why is an ACH Sponsorship needed to support this event or activity?
2. **Marketing & Operational Plan to create awareness attract tourists – 30 Points**
	1. How does this project differentiate the marketplace – how and why is it different and how and why will it attract tourists?
	2. What is your target market and how do you intend to reach it? What are the demographic and geographic targets?
	3. What is your advertising and promotion plan and schedule?
	4. What is your evaluation plan to determine event success or failure and to track tourism draw?
	5. What is the earned/contributed income potential of this program or event (ROI)?
3. **Program/Project Schedule in relation to tourism demand – 20 points**
	1. Is this event or activity scheduled for a Peak, Near Peak or Moderate Demand tourism period? If Peak demand period explain how it will generate incremental overnight stays.
4. **Lodging and Hospitality Industry Partnerships – 10 points**
	1. Describe existing or planned lodging hospitality industry partnerships
	2. Attach contracts or letters of agreement
	3. Provide website or print materials that show Hospitality “packages” or click-on web buttons
5. **Demonstrated Program Management Capability – 10- points**
	1. Describe your organization’s administrative ability to plan, implement and manage this event or activity. Provide brief job titles of key staff and/or volunteers for this event or activity. **(No resumes)**
	2. Have you done this or a similar scale activity before? If yes, what and why were you successful?

The committee will consider the following application information when evaluating Program Management: The applicant's compliance history and current compliance status, operating budget and appropriateness of the proposal budget, evaluation plan and narrative responses including such items as accurate math and typographic errors. **A minimum cumulative score of 60 points is required to be considered for sponsorship.**

**Section VI: Project Budget Detail**

Provide a line-by-line **Project budget** (not organization annual budget) in sufficient detail to provide panelists with a full understanding of how funds will be allocated and income generated.

**Section VIII: Authorized Official Signature**

If funded, this signature serves as an agreement that the organization will carry out the activities as outlined in this application.

|  |  |
| --- | --- |
| **Name/Title:** | Click here to enter text. |
| **Signature:** | Click here to enter text. |
| **Date:** | Click here to enter a date. |

**Required Attachments**

* Narrative Responses
* Budget Detail
* IRS Determination Letter documenting non-profit status
	+ Organizations without IRS exempt status may apply through a “fiscal sponsor arrangement” with an Exempt Organization. There are specific restrictions in this case. The event or activity must be fully ACH eligible otherwise and no funds may be allocated for fiscal sponsor administrative costs.
* Organization’s most recent IRS 990 or 990 EZ
* Board of Directors Listing

**Application Compilation:**

Submit **one original, signed copy to:**

Polk County Tourism and Sports Marketing, 2701 Lake Myrtle Park Rd. Auburndale, FL 33823 Attn: Kris Keprios

**DEADLINE: Thursday, April 30, 2015 at 4:00 pm**

Applications must be **received** by Polk County Tourism and Sports Marketing staff by deadline; postmarked by applications will **not** be considered. Late applications will not be accepted and absolutely no exceptions will be made.

**FINAL NOTES: Applicants are encouraged to complete the application early. Please do not hesitate to call Polk County Tourism and Sports Marketing if you have questions or need technical assistance in completing the application. Applications which do not meet the guidelines (incomplete, exceed page/length limits or assign improper categories) WILL NOT BE SCORED.**