



# 2017 Special Event Partnership Funding **Application**

*Unless indicated otherwise, responses are limited to one line of text.*

## Section 1: Contact Information

**Special Event Name:**

**Event Date** (month, day(s), year):

**Event Host Organization:**

**What other events have been produced by event promoter or host organization?** *(Response limited to 3 lines of text)*

**Event Mailing Address:**

**City:**

**State:**

**Zip:**

**Event Office Phone:**

**Event Fax:**

**Event Director or Producer:**

**Title:**

**Email:**

**Cell Phone:**

**Person Completing Application:**

**Title:**

**Email:**

**Cell Phone:**

**Event Website URL:**

**Unique Visitors in the last 12 months?:**

**Facebook Page URL:**

**How many FB “likes”?:**

**Twitter Handle:**

**How many Twitter followers?:**

**YouTube URL:**

**Instagram Handle:**

## Section 2: Event Overview

**NOTE: Refer to page 2 of the supplemental document entitled "Partnership Funding: Application Explanations" for details and tips about this section.**

**Q2.1 Which category does event fall under?** *(Pick one)*

**Emerging Event** - An event that is in its first five years of existence in the destination. This includes new events that are off-shoots of existing events, but will occur separately from the original event.

**Established Event** - An event that has been in existence in the destination for six or more years.

**Legacy Event** - An event that has been in existence in the destination for more than 10 years, AND generates either: 5,000 or more room nights or \$250,000 in quantifiable out-of-area marketing exposure for the destination.

**Q2.2 Where will event take place?** *(Response limited to 3 lines of text)*

**Q2.3 Will this be an annual event in the destination?**

Yes

No

**If "No," explain why this will not be an annual event in the destination.** *(Response limited to 4 lines of text)*

**Q2.4 Including 2016, how many years has event occurred in the destination?** *(If 2017 is the first year, enter 0)*

**Q2.5 Can spectators (general public) attend event?**

Yes

No

**Q2.6 Will there be a charge for spectators (general public) to attend event?**

Yes *(provide an approximate ticket price range below)*

No

**Ticket information:** *(Response limited to 4 lines of text)*

**Q2.7 Will event implement marketing/promotional efforts to generate spectator (general public) attendance?**

Yes

No *(Provide an explanation below, response limited to 3 lines of text)*

## Section 3: Financial

**NOTE: Refer to page 2 of the supplemental document entitled "Partnership Funding: Application Explanations" for details and tips about this section.**

**Q3.1 What is the dollar amount of Partnership Funding requested? \$**

**Q3.2 Summarize how Partnership Funding will be utilized?** *(Recap the marketing and promotional efforts that could be implemented with a funding award that otherwise would not be possible. Response limited to 10 lines of text)*

**Q3.3 If Partnership Funding is not awarded, will event still take place?**

Yes

No *(Provide explanation below (response limited to 4 lines of text))*

**Q3.4 If event does not receive Partnership Funding, or does not receive the full requested amount, summarize the effect to specific programs or promotional strategies.** *(Response limited to 7 lines of text)*

**Q3.5 Will event solicit sponsors, either cash or in-kind?**

Yes

No *(Provide explanation below response limited to 4 lines of text)*

**Q3.6 List all Nevada public sector organizations (City, County, State, etc) that event expects to receive financial assistance from in 2017, either cash or in-kind.** *(Response limited to 3 lines of text, if no assistance is expected enter "none")*

## Section 4: Marketing, Advertising, Public Relations

**NOTE: Refer to page 3 of the supplemental document entitled "Partnership Funding: Application Explanations" for details and tips about this section.**

- Q4.1 2017 In-Market Paid Advertising Budget: \$
- Q4.2 2017 Out-of-Market Paid Advertising Budget: \$
- Q4.3 Optional: 2016 Out-of-Market Public Relations Equivalency: \$

## Section 5: Broadcast Opportunities (TV or Webcast)

**NOTE: Refer to pages 3-4 of the supplemental document entitled "Partnership Funding: Application Explanations" for details and tips about this section.  
If applicant answers "No" on Q5.1, skip to Q5.8.**

**Q5.1 Will event air on network TV, cable TV or Webcast as a scheduled broadcast?** *(Does not refer to newscast mention)*

Yes *(Continue to Q5.2)*

No *(Skip to Q5.8)*

**Q5.2 What is the broadcast coverage?** *(Pick one)*

Local

Regional *(Provide details below)*

National

**If broadcast coverage is "Regional," identify the cities or DMAs.** *(Response limited to 3 lines of text)*

**Q5.3 Provide details about the applicable broadcast coverage and anticipated air dates(2).**

### **Network or cable TV**

Broadcast Affiliates:

Air dates(s):

Program Length:

### **Webcast**

Provider:

Air dates:

Program length:

**Remarks, if any.** *(Response limited to 3 lines of text)*

**Q5.4 Are Household ratings or viewership numbers available from the previous year's broadcast?**

Yes, provide details below

No

**If "Yes," summarize viewership numbers or HH ratings.** *(Response limited to 6 lines of text)*

**Q5.5 Can the RSCVA receive complimentary commercial time during the broadcast as a sponsorship amenity?**

Yes

No

**Q5.6 Can the RSCVA receive promotional exposure (such as interviews, vignette's, etc.) during the broadcast?**

Yes

No

**Q5.7 If complimentary commercial time and/or promotional exposure is available to the RSCVA, summarize the opportunities.** *(Response limited to 7 lines of text)*

**Q5.8 Does event have media partners, either local and/or out-of-market?**

Yes, *(Identify media partners below)*

No

**List media partners and indicate whether the primary audience for each partner is "in-market" or "out-of-market."** *(Response limited to 11 lines of text)*

## Section 6: Lodging Partnerships

**NOTE: Refer to page 4 of the supplemental document entitled "Partnership Funding: Application Explanations" for details and tips about this section.**

**If 2017 will be the first time that event is held in the destination, skip to Q6.2.**

**Q6.1 Identify event's Washoe County lodging partners in 2016.** *(Response limited to 2 lines of text)*

**Q6.2 Identify event's anticipated Washoe County lodging partners for 2017.** *(Response limited to 2 lines of text)*

## Section 7: Attendance

**NOTE: Refer to pages 4-5 of the supplemental document entitled "Partnership Funding: Application Explanations" for details and tips about this section.**

**If 2017 will be the first time that event is held in the destination, skip to Q7.7.**

**Q7.1 2016 estimated spectator/fan attendance:** \_\_\_\_\_

Represents unique individuals

Represents overall event attendance

**Q7.2 2016 estimated unique participants in attendance:** \_\_\_\_\_

**Q7.3 Explain how 2016 attendance estimates in Q7.1 and Q7.2 were determined.** *(Response limited to 6 lines of text)*

**Q7.4 Spectators/Fans: Based on the 2016 attendance figure provided in Q7.1, what percentage is estimated to be from out-of-market?**

**Q7.5 Participants: Based on the 2016 attendance figure provided in Q7.2, what percentage is estimated to be from out-of-market?**

**Q7.6 Explain how percentages in Q7.4 and Q7.5 were estimated.** *(Response limited to 6 lines of text)*

**Q7.7 2017 projected spectator/fan attendance:** \_\_\_\_\_

Represents unique individuals

Represents overall event attendance

**Q7.8 2017 projected unique participants:** \_\_\_\_\_

**Q7.9 Explain how attendance in Q7.7 and Q7.8 were projected.** *(Response limited to 9 lines of text)*

## Section 8: Room Nights

***NOTE: Refer to page 5 of the supplemental document entitled "Partnership Funding: Application Explanations" for details and tips about this section.***

***If 2017 will be the first time that event is held in the destination, skip to Q8.4.***

**Q8.1 2016 Washoe County room nights.**

Estimated paid room nights:

Estimated complimentary room nights (if any):

**Q8.2 Explain how 2016 room night estimates were determined.** *(Response limited to 9 lines of text)*

**Q8.3 Which Washoe County lodging properties feasibly received room nights as a result of the event**  
*(Response limited to 4 lines of text)*

**Q8.4 2017 Washoe County room nights.**

Projected paid room nights:

Projected complimentary room nights (if any):

**Q8.5 Explain how 2017 room night estimates were projected.** *(Response limited to 9 lines of text)*

## Section 9: Event Staff and Board of Directors

*This information is only required if event is applying for \$2,500 or more in Partnership Funding.*

**Q9.1 Is event produced by a paid staff or a volunteer committee?**

Paid staff

Volunteer committee

**Q9.2 Provide the names and positions of event's key staff or volunteers.** *(Response limited to 5 lines of text)*

**Q9.3 Provide the names of event's Board of Directors, if applicable.** *(Response limited to 5 lines of text)*

## Section 10: Sponsors

*This information is only required if event is applying for \$2,500 or more in Partnership Funding.  
If 2017 is the first time that the event will be held in the destination, skip to Q10.2*

**Q10.1 Identify the top 5 sponsors of the 2016 event.** *(Response limited to 3 lines of text)*

**Q10.2 Identify the top 5 sponsors that event will target for the 2017.** *(Response limited to 3 lines of text)*



## Section 11: Acknowledgements, Electronic Signature

*Applicants must acknowledge, and agree to, the statements below relating to the Partnership Funding program.  
A typed signature and date is required to be considered by the Advisory Panel.  
If applicant cannot agree to a question, provide a brief explanation.*

**Q11.1 I am authorized to represent event; information provided in application and supporting documents are truthful.**

Yes  
No, please explain

**Q11.2 Event will be held annually in the destination and is not contingent upon receipt of funding to occur.**

Yes  
No, please explain

**Q11.3 If event receives funding, partnerships will be secured with at least two Washoe County lodging properties.**

Yes  
No, please explain

**Q12.4 Event will collaborate with RSCVA (if requested) to collect survey information, or share existing information if event conducts their own survey. If RSCVA partners with event to partially fund a formal survey, results may be subject to public disclosure.**

Yes  
No, please explain

**Q11.5 If Partnership Funding is awarded, funds will be utilized for event promotion and marketing.**

Yes  
No, please explain

**Q11.6 If Partnership Funding is awarded, event will include RSCVA logo and link on their website.**

Yes  
No, please explain

**Q11.7 If a funding award is received, event will issue a Liability Policy (\$1million per occurrence / \$2 million aggregate), as well as an Additional Insured Endorsement, naming RSCVA and its related entities as additional insureds.**

Yes  
No, please explain

Type your name and date, which denotes your signature as an authorized representative of the event.

**Name:**

**Date:**

# Required Supplemental Documents

*In addition to the completed Partnership Funding Application, the following documents must be submitted by the deadline in order to be considered for funding.*

Please indicate your intention to submit below.

**Document #1: Event Overview**

Yes, will submit

No, will not submit

**Document #2: 2016 Profit & Loss Statement**

Yes, will submit

No, will not submit

**Document #3: 2017 Event Budget**

Yes, will submit

No, will not submit

**Document #4 (2 parts):**

**Part A - Marketing Plan Without Receipt of a Funding Award**

**Part B - New marketing and Promotional Initiatives to be Implemented With Receipt of a Funding Award**

Yes, will submit

No, will not submit

**Document #5: Potential Sponsorship Amenities to RSCVA**

Yes, will submit

No, will not submit

**Optional Document: PR Equivalency for Out of Market** *(only required if applicant answered Q4.3)*

Yes, will submit

No, will not submit