



OFFICE USE ONLY	
Date Received: _____	SM#: _____
Post Report Due: _____	CVB#: _____
Amount Awarded: \$ _____	FY: _____

Visit Stockton Grant Application

Event Title: _____

Amount of Grant Support Requested: \$ _____ Event Date: _____

Minimum Room Nights for Funding: 100

Multi-Year Event? Yes No If yes, explain: _____

Sport(s) Involved: _____

Location(s): _____

Proposed Facility/Facilities: _____

Has/Have the facility/facilities been secured? Yes No

Facility Contact(s): Name: _____ Phone: _____ Email: _____

Name: _____ Phone: _____ Email: _____

Is any city permitting necessary? Yes No If yes, explain: _____

Legal name of organization: _____

Organization Address: _____ State: _____ Zip: _____

Event Director: Name: _____ Title: _____

Phone: _____ Fax: _____ Email: _____

Second Contact: Name: _____ Title: _____

Phone: _____ Fax: _____ Email: _____

Major sporting events (including dates) previously hosted by this organization: _____

Is this organization seeking funds/assistance from another organization? Yes No If yes, explain below:

What is the overall event plan? Please include schedule (dates and times), competition specifics, special events, community activity, etc: _____

What is the registration process for this event (how will participants/teams check-in for the event)?:

What benefits will Visit Stockton receive if a grant is awarded? For example, where will the Visit Stockton logo be seen at your event (banners, program advertisements, television commercials, etc):

How will this event affect the image value of the City of Stockton and enhance the quality of life for its citizens?:

Impact Projections

How many total participants (competitors, coaches, trainers, officials) are you expecting for this event?:

Total: _____ Out of Region (Greater than 100 miles outside of Stockton): _____

How many total spectators (fans, families, friends) are you expecting for this event?:

Total: _____ Out of Region (Greater than 100 miles outside of Stockton): _____

How many hotel room nights in Stockton hotels do you expect this event to produce?:

Total: _____

Have you contacted area hotels? (If no, Visit Stockton is happy to assist): Yes No

Please list all hotels used for this event. If your list is too large, please attach another page.

1. Hotel Name (host hotel): _____ Contact: _____

Phone: _____ Email: _____ Rate: _____

2. Hotel Name: _____ Contact: _____

Phone: _____ Email: _____ Rate: _____

3. Hotel Name: _____ Contact: _____

Phone: _____ Email: _____ Rate: _____

(Note: Only hotels within the city limits of Stockton may be used if funding is provided, unless usage exceeds local capacity)

Event History (three year history, if applicable)

1. Previous Location: _____ Date: _____

Contact: _____ Phone: _____

Number of Participants: _____ Room Nights: _____

2. Previous Location: _____ Date: _____

Contact: _____ Phone: _____

Number of Participants: _____ Room Nights: _____

3. Previous Location: _____ Date: _____

Contact: _____ Phone: _____

Number of Participants: _____ Room Nights: _____

Additional information for your event: _____

Please summarize the marketing plan for your event: _____

Please describe your event budget. Do you plan to secure additional sponsors and sponsorships or additional funding sources?:

Visit Stockton Sports Grant funding allowed:

Allowed Expense:

- Promotion, marketing and programming
- Paid advertising and media buys
- Production and technical expenses
- Site fees/costs (security, rentals, insurance, etc.)
- Rights fees, sanctioning fees, non-monetary awards
- Travel

Disallowed Expense:

- General and administrative
- Building, renovating and/or remodeling
- Permanent equipment purchases
- Debt incurred prior to the grant
- Programs that solicit advertising



Sports Grant Application Summary

Event Title: _____

Proposed Dates: _____

Location(s): _____

Number of Participants Expected: _____

Number of Spectators Expected: _____

Number of Stockton Room Nights Expected: _____

Amount of Support Requested: \$ _____

Intended use of the funds, if awarded: _____

Will this event be in Stockton for multiple years? Yes No If yes, explain: _____

Will this event take place if you DO NOT receive the Visit Stockton Sports Grant? Yes No

Signature/Disclaimer

Authorized Signature

Date

Print Name

Federal Identification Number (if applicable)

Applicant Title