

**BOARD OF COUNTY COMMISSIONERS  
AGENDA ITEM SUMMARY**

Meeting Date: FEBRUARY 15, 2012 Division: TDC

Bulk Item: Yes  No  Department: \_\_\_\_\_

Staff Contact Person/Phone #: Maxine Pacini  
296-1552

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**AGENDA ITEM WORDING:**

Approval to advertise a Request for Proposal for FY 2013 Destination and Turnkey Funding

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**ITEM BACKGROUND:**

TDC approved same at their meeting of January 31, 2012

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**PREVIOUS RELEVANT BOCC ACTION:**

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**CONTRACT/AGREEMENT CHANGES:**

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**STAFF RECOMMENDATIONS:**

Approval

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**TOTAL COST: \$** \_\_\_\_\_ **BUDGETED:** Yes  No

**COST TO COUNTY: \$** \_\_\_\_\_ **SOURCE OF FUNDS:** TDC

**REVENUE PRODUCING:** Yes  No  **AMOUNT PER MONTH** \_\_\_\_\_ **Year** \_\_\_\_\_

**APPROVED BY:** County Atty  OMB/Purchasing N/A Risk Management N/A

**DOCUMENTATION:** Included  Not Required \_\_\_\_\_

**DISPOSITION:** \_\_\_\_\_

**AGENDA ITEM #** \_\_\_\_\_

**NOTICE OF REQUEST FOR APPLICATIONS**

**NOTICE IS HEREBY GIVEN TO PROSPECTIVE APPLICANTS** that no later than **5:00 P.M. on Thursday, June 28, 2012** the Monroe County Purchasing Office will receive sealed applications for the following:

**DESTINATION/TURNKEY EVENT FUNDING  
FOR EVENTS TAKING PLACE BETWEEN  
JANUARY 1, 2013 - DECEMBER 31, 2013  
RFA-TDC- - -2013-PUR/CV**

Requirements for submission and the selection criteria may be requested from DemandStar by Onvia at [www.demandstar.com](http://www.demandstar.com) or call toll-free at 1-800-711-1712. The Request for Applications and all supporting documentation are public records and may be obtained from the Monroe County Purchasing Office, located at 1100 Simonton St., Key West, FL 33040. Technical questions should be directed, via e-mail, to the Administrative Office of the Tourist Development Council at [adminasst@fla-keys.com](mailto:adminasst@fla-keys.com). Any addenda to this Request for Applications (RFA) shall be distributed to vendors on the list of DemandStar distributees for this RFA.

**Applicant must submit all of the following:**

- A. One (1) disk OR (1) USB flash drive with complete copy of application as a .pdf (all attachments must be merged into one document: Please DO NOT include the instruction pages) and.....**
- B. One (1) signed ORIGINAL paper copy and.....**
- C. The correct number of paper copies for the district for which you are applying:**

<b>District I requires</b>	<b>3</b>	<b>paper copies of application</b>
<b>District II requires</b>	<b>6</b>	<b>paper copies of application</b>
<b>District III requires</b>	<b>4</b>	<b>paper copies of application</b>
<b>District IV requires</b>	<b>3</b>	<b>paper copies of application</b>
<b>District V requires</b>	<b>6</b>	<b>paper copies of application</b>

Applicant must place items in a sealed envelope clearly marked on the outside, **“Sealed Applications for Destination/Turnkey Event Funding”** addressed to:

**Monroe County Purchasing Office  
1100 Simonton Street, Room 1-213  
Key West, FL 33040  
Phone: (305) 292-4464  
Fax: (305) 292-4465**

**All Applications must be received by the County Purchasing Office before 5:00 P.M. on Thursday, June 28, 2012.** Any applications received after this date and time will be automatically rejected. Materials may be delivered by certified mail, return receipt requested, hand-delivered or couriered. Faxed or e-mailed applications will be automatically rejected.

# EVENT FUNDING APPLICATION

REQUEST FOR APPLICATIONS FOR DESTINATION AND TURNKEY EVENTS

DEADLINE FOR APPLICATIONS: JUNE 28, 2012

## OVERVIEW AND INSTRUCTIONS

### INQUIRIES AND CORRESPONDENCE

All questions pertaining to this solicitation should be directed to: Maxine Pacini or Lynda Stuart at (305) 296-1552 ([AdminAsst@fla-keys.com](mailto:AdminAsst@fla-keys.com))

**All applications submitted in response to this solicitation should be addressed to:**

Monroe County Purchasing Department  
1100 Simonton Street, 1st Floor, Room 213  
Key West, Florida 33040

**Attention: DESTINATION/TURNKEY EVENT APPLICATION**

All applications should be received no later than 5:00 p.m. (close of business day)  
June 28, 2012

## EVENT FUNDING PROCEDURE

The Monroe County Tourist Development Council (**TDC**) administers the four (4) cent bed tax collected for the purpose of promoting the Florida Keys as a tourist destination. Each year, the TDC invites organizations registered to do business in Florida, to apply for funding for Destination or Turnkey events in the Florida Keys. All applications will be reviewed by the appropriate District Advisory Committees (**DAC's**), who shall make recommendations on funding the event to the TDC. Upon approval of recommended funding allocation by the TDC, the administrative office will coordinate with the event coordinator to establish a contract for the event, and will present proposed contract to the Monroe County Board of County Commissioners for final approval.

## DEFINITIONS OF DESTINATION AND TURNKEY EVENTS

Destination Events (Advertising and Public Relations Funding Only): (BOCC 2/16/05)

For the purposes of this solicitation, a Destination Event is developed and produced to entertain the public and promotes tourism in the Florida Keys and Key West by drawing out-of-county tourists into the Keys.

Such an event may or may not receive national or international media exposure, however, the professional agencies of the TDC shall review and approve all media advertising and public relations for the event, to help ensure the success of said event based on the amount of allocated funds.

The event coordinator, for purposes of this RFA and any resulting contract, shall be the production agent or other person or organization primarily responsible for the production of the event, and the entity soliciting event funding under this process. Funds awarded for this event are utilized for hard media and public relations related expenditures through the TDC agencies of record to promote the event. For the Destination category, Monroe County shall fund advertising and promotional activity up to 10% in-county, and the balance shall be spent out-of-county. A copy of the permissible expenditures can be viewed in **Exhibit A** of the sample contract at <http://fl-monroecounty.civicplus.com/index.aspx?nid=328>.

If your event is awarded funding, the agencies of record shall approve the budget for the event that will be included in your contract as an exhibit, so advance discussions are beneficial for your application.

For our **Advertising Agency of Record**: (Tinsley Advertising), contact Jessica Taylor-Smith or John Underwood at (305) 856-6060 ([Jessica@Tinsley.com](mailto:Jessica@Tinsley.com)) or ([John@Tinsley.com](mailto:John@Tinsley.com)).

For our **Public Relations Agency of Record**: (Newmanpr), contact Carol Shaughnessy at (305) 797-0579 ([Carol@newmanpr.com](mailto:Carol@newmanpr.com)) or Andy Newman at (305) 461-3300 ([Andy@newmanpr.com](mailto:Andy@newmanpr.com)).

**Turnkey Events** - (national marketing exposure) (BOCC 2/16/05)

For purposes of this solicitation, a Turnkey Event is designed and produced to entertain the public, and promotes tourism in the Florida Keys and Key West by drawing out-of-county tourists into the Keys. Turnkey operations shall include one of the following: national TV show; national sponsorship nationwide promotion; or national or international unpaid marketing exposure **excluding** websites, blogs and social media sites.

Such event shall be considered an all-inclusive event where the promoter has financial responsibility for every facet of the management and production of the event. For purposes of this RFA and all contracts awarded pursuant to it, the event coordinator shall be the production agent primarily responsible for the production of the event and is the entity with whom Monroe County shall contract. Involvement by the TDC agencies of record would only be provided at the request of the TDC and/or the District Advisory Committee and not as a requirement by the event coordinator or any sponsor to insure the success of the event.

Payment under a contract for a Turnkey Event will be made upon the completion of the event and upon proof of national and/or international marketing. If the scope of services within the contract guarantees a national television show, the airing of the show shall be within ninety (90) days of completion of the event in order to be paid.

If an event is canceled for any reason, no payment shall be forthcoming.

## **APPLICANT RESPONSIBILITIES AND IMPORTANT INFORMATION FOR THE PREPARATION OF THE APPLICATION**

- **Eligibility:** A public entity governed by a county or municipality; or a profit or not-for-profit, Florida Corporation in good standing with Division of Corporations. Prior to filling out application, please go to [www.sunbiz.org](http://www.sunbiz.org) to ensure that your organization is registered to do business in the State of Florida. Only applicants that are duly registered will be accepted.
- An event workshop will be scheduled by each of the five District Advisory Committees and duly advertised in the local media. Each District Advisory Committee has specific marketing goals and it is **strongly recommended** that all prospective applicants attend the workshop in the district where you plan to apply for funding to ascertain the marketing direction and expectations of that District as it pertains to event applications. Please call the Administrative Office (305-296-1552) or <http://fl-monroecounty.civicplus.com/index.aspx?nid=328> for workshop dates and venues.
- Applicant shall complete, copy, sign (by an authorized officer) and submit the correct number of copies of the application to the Monroe County Purchasing Department. **(NO BINDERS)**.
- Applicant shall familiarize him/herself with referenced online materials noted in this application. A sample contract/sample of scoring system used in determining funding eligibility is available at: <http://fl-monroecounty.civicplus.com/index.aspx?nid=328>.
- Cost of preparation and submission of the application is the responsibility of the applicant.
- All information furnished or disclosed as part of the application process is considered public record by the laws of the State of Florida.
- The applicant shall not lobby, solicit, or act to influence TDC board and/or advisory committee members in any way that may have an effect on the outcome of the competition, discussion, or negotiations leading to the award of a contract. Such action could lead to an automatic withdrawal of the application from consideration.
- All attachments should be noted as such in the top right hand corner of each sheet – **please do not use tab inserts.**

## **CRITERIA FOR EVALUATION OF APPLICATION**

Scoring will be considered under the following criteria:

1 - unacceptable    2 - below average    3 - average    4 - above average    5-7 - excellent

Upon evaluation, the total scores will be tabulated and applications not scoring **29** points or above by the majority of the sitting members, will not be considered for funding. Those events that meet the minimum scoring requirements noted above will be ranked starting with the highest average score. In the case of a tie, the highest score in the Commitment to the Off Season will be the determining factor. Points are listed at each segment for ease of scoring by reviewers. View sample scoring sheet at <http://fl-monroecounty.civicplus.com/index.aspx?nid=328>.

## APPLICATION FOR EVENT FUNDING

Events taking place between January 1, 2013 through December 31, 2013

TITLE OF EVENT: \_\_\_\_\_  
 VENUE: (Location/City): \_\_\_\_\_  
 DATE(S) OF EVENT: \_\_\_\_\_

**When evaluating funding allocations, it is important to understand how the revenue was derived. The chart at right demonstrates, given average hotel rates, length of stay and party size, approximately how many overnight visitors your district welcomed in order to raise enough two-penny bed tax revenue for each level of event funding.**

Funding Level	Total Visitors	Funding Level	Total Visitors
\$ 2,500	375	\$ 30,000	4,500
\$ 5,000	750	\$ 35,000	5,250
\$ 7,500	1,125	\$ 40,000	6,000
\$ 10,000	1,500	\$ 50,000	7,500
\$ 15,000	2,250	\$ 75,000	11,250
\$ 17,000	2,550	\$ 100,000	15,000
\$ 20,000	3,000	\$ 120,000	18,000
\$ 25,000	3,750		

***Please note:*** It is not necessary for an event to project participants equal to the number of visitors approximated in order to apply for that funding level. This chart is provided simply to give a more clear context to each funding level.

**Applicants must submit:**

- A.** One (1) disc **OR** (1) USB flash drive with complete copy of application as a **.pdf** (all attachments must be merged into one document: Please **DO NOT** include the instruction pages) **and.....**
- B.** One (1) signed and marked as ORIGINAL paper copy **PLUS.....**
- C.** The correct number of paper copies for the district for which you are applying:

District I requires	<b>3</b>	paper copies of application
District II requires	<b>6</b>	paper copies of application
District III requires	<b>4</b>	paper copies of application
District IV requires	<b>3</b>	paper copies of application
District V requires	<b>6</b>	paper copies of application

**District I: (encompasses the city limits of Key West)**

**Check this box if your event meets the definition of a **New Event**. Definition of new event:**

An event that has not taken place in this district previously. A new event choosing this category will be considered with other new event applications from a separate resource specifically allocated for new events.

**OR....**

A new event may choose to apply under the regular event funding process wherein the new event will compete with previously funded events.

Category of Event:  Destination Event       Turnkey Event  
(check one)

I understand that as a new event this is a **\$10,000** grant request.

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**Regular Event Funding:** Complete this section if your event is NOT applying as a New Event  
**Category of Event:** check the appropriate category and grant level you are applying for. The DAC has the right to decline funding at any level, or to fund at a level lower than requested.

Destination Event       Turnkey Event

Level 1: \$10,000       Level 2: \$17,000       Level 3: \$25,000

Level 4: \$35,000       Level 5: \$50,000       Level 6: \$75,000

Level 7: \$100,000       Level 8: \$120,000

**District II: (from city limits of Key West to the west end of the Seven Mile Bridge)**

Category of Event: Check the appropriate category and grant level you are applying for. The DAC has the right to decline funding at any level, or to fund at a level lower than requested.

Destination Event       Turnkey Event

Level 1: \$2,500

Level 2: \$5,000

Level 3: \$7,500

Level 4: \$10,000

Level 5: \$15,000

Level 6: \$20,000

**District III: (from the west end of the Seven Mile Bridge to the Long Key Bridge)**

Category of Event: Check the appropriate category and grant level you are applying for. The DAC has the right to decline funding at any level, or to fund at a level lower than requested.

Destination Event       Turnkey Event

Level 1: \$10,000

Level 2: \$20,000

Level 3: \$30,000

Level 4: \$40,000

Level 5: \$50,000

**District IV: (between the Long Key Bridge and mile marker 90.939)**

Category of Event: Check the appropriate category and grant level you are applying for. The DAC has the right to decline funding at any level, or to fund at a level lower than requested.

Destination Event       Turnkey Event

Level 1: \$10,000       Level 2: \$15,000       Level 3: \$20,000       Level 4: \$25,000

Level 5: \$30,000       Level 6: \$40,000       Level 7: \$50,000

**District V: (from mile marker 90.940 to the Dade/Monroe County line & any mainland portions of Monroe County)**

Category of Event: Check the appropriate category and grant level you are applying for. The DAC has the right to decline funding at any level, or to fund at a level lower than requested.

Destination Event       Turnkey Event

Level 1: \$10,000       Level 2: \$20,000       Level 3: \$30,000

Level 4: \$40,000       Level 5: \$50,000

TOTAL AMOUNT REQUESTED (add the totals for **each** of the districts you are requesting funds from)

\$ \_\_\_\_\_

**APPLICANT ORGANIZATION:** \_\_\_\_\_  
(Registered business name exactly as it appears on [www.sunbiz.org](http://www.sunbiz.org) )

For Profit       Not for Profit

Please note that the TDC Administrative Office conducts most of its correspondence, including contract and reimbursement material by e-mail, so the person listed below should be able to accept responsibility for receipt of this information

CONTACT PERSON: \_\_\_\_\_  
E-MAIL: (for correspondence): \_\_\_\_\_  
TELEPHONE NUMBER: (Daytime/mobile): \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SUMMARIZE ORGANIZATION HISTORY**

Enter Text

HAS THIS EVENT BEEN PRODUCED IN THE PAST?      Yes \*      No

\*IF YES, WHEN? Enter Year

DID THE SAME ORGANIZATION PRODUCE IT?      Yes       No

List name of President and other individuals authorized to execute contracts and otherwise act on behalf of Applicant:

Name	Title
Enter Name	Enter Title


List staff members, including volunteers responsible for administering and organizing this event with evidence of their qualifications and capabilities to accommodate the demands of the event.

Name	Qualifications	Capabilities
Enter Name	Enter Qualifications	Enter Capabilities

List previous funding by the Monroe County Tourist Development Council, and by any other State or Federal agencies, if any, and list applications that have not been funded.

<u>Source of funding</u>	<u>Amount Requested</u>	<u>Amount Received</u>	<u>Year</u>
Enter Source	0.00	0.00	

**EXHIBIT A**

**A. WHAT IS THE PRIMARY PURPOSE OF YOUR EVENT**

Destination **and** Turnkey Applicants shall select number 1, 2 **OR** 3 below and give a brief explanation under the area you have chosen.

**EXHIBIT A-1**

1.  The primary purpose of my event is to draw out-of-county visitors to the Destination and put "Heads in Beds".

Enter Text

Enter the total number of participants you have referenced in Exhibit B: \_\_\_\_\_

**1 2 3 4 5 6 7**

**OR**

**EXHIBIT A-2**

2.  The primary purpose of my event is to provide something to do for the visitor who is already here and enhance their experience while visiting the destination.

Enter Text

**1 2 3 4**

OR

EXHIBIT A-3

3.  **The primary purpose of my event is to help brand the destination.**

Enter Text

1 2 3

EXHIBIT A-4

4. **Turnkey Applicants Only:** One of the following is required for **Turnkey applicant** - (national TV show, national sponsorship nationwide promotion, national or international unpaid marketing exposure excluding websites, blogs & social media). **Below, describe the marketing efforts you will be utilizing and how:**

Enter Text

1 2 3 4 5 6 7

**EXHIBIT A-5**

5. **Timing of Event:** Below, under the District(s) from which you are seeking funding from, please check the box(s) to indicate when your event will take place. Then calculate your score using the table to the right of the District. (Shoulder and off season events to receive higher scoring). (BOCC 4/20/05).

**District I Table:**

<input type="checkbox"/>	January 15-31 March	February April	<b>Score=1</b>
<input type="checkbox"/>	May July	June	<b>Score=2</b>
<input type="checkbox"/>	August December	November January 1-14	<b>Score=3</b>
<input type="checkbox"/>	September	October	<b>Score=4</b>

1.	Enter your score from the <b>District I Table</b> (if more than one box was checked, add all scores together and divide by the number of boxes checked)	Enter Score
2.	<b>Mid-week days are Sunday-Thursday</b> <input type="checkbox"/> Add two (2) points if your event falls on at least <b>2 mid-week days</b> <i>or</i> <input type="checkbox"/> Add one (1) point if your event falls on <u>only 1 mid-week day</u>	<input type="checkbox"/> +2 <i>or</i> <input type="checkbox"/> +1
3.	<b>District I Total Score</b>	<u>Enter Score</u>

**District II Table:**

<input type="checkbox"/>	February April	March	<b>Score=1</b>
<input type="checkbox"/>	January July	June	<b>Score=2</b>
<input type="checkbox"/>	May November	August	<b>Score=3</b>
<input type="checkbox"/>	September December	October	<b>Score=4</b>

1.	Enter your score from the <b>District II Table</b> (if more than one box was checked, add all scores together and divide by the number of boxes checked)	Enter Score
2.	<b>Mid-week days are Sunday-Thursday</b> <input type="checkbox"/> Add two (2) points if your event falls on at least <b>2 mid-week days</b> <i>or</i> <input type="checkbox"/> Add one (1) point if your event falls on <u>only 1 mid-week day</u>	<input type="checkbox"/> +2 <i>or</i> <input type="checkbox"/> +1
3.	<b>District II Total Score</b>	<u>Enter Score</u>

**District III Table:**

<input type="checkbox"/>	February April	March	<b>Score=1</b>
<input type="checkbox"/>	January June	May July	<b>Score=2</b>
<input type="checkbox"/>	August	November	<b>Score=3</b>
<input type="checkbox"/>	September December	October	<b>Score=4</b>

1.	Enter your score from the <b>District III Table</b> (if more than one box was checked, add all scores together and divide by the number of boxes checked)	Enter Score
2.	<b>Mid-week days are Sunday-Thursday</b> <input type="checkbox"/> Add two (2) points if your event falls on at least <b>2 mid-week days</b> <i>or</i> <input type="checkbox"/> Add one (1) point if your event falls on <u>only 1 mid-week day</u>	<input type="checkbox"/> +2 <i>or</i> <input type="checkbox"/> +1
3.	<b>District III Total Score</b>	<u>Enter Score</u>

**District IV Table:**

<input type="checkbox"/>	February April	March	<b>Score=1</b>
<input type="checkbox"/>	January July	June	<b>Score=2</b>
<input type="checkbox"/>	May November	August	<b>Score=3</b>
<input type="checkbox"/>	September December	October	<b>Score=4</b>

1.	Enter your score from the <b><u>District IV Table</u></b> (if more than one box was checked, add all scores together and divide by the number of boxes checked)	Enter Score
2.	<b>Mid-week days are Sunday-Thursday</b> <input type="checkbox"/> Add two (2) points if your event falls on at least <b>2 mid-week days</b> <i>or</i> <input type="checkbox"/> Add one (1) point if your event falls on <u>only 1 mid-week day</u>	<input type="checkbox"/> +2 <i>or</i> <input type="checkbox"/> +1
3.	<b>District IV Total Score</b>	<u>Enter Score</u>

**District V Table:**

<input type="checkbox"/>	February April	March	<b>Score=1</b>
<input type="checkbox"/>	January July	June	<b>Score=2</b>
<input type="checkbox"/>	May November	August	<b>Score=3</b>
<input type="checkbox"/>	September December	October	<b>Score=4</b>

1.	Enter your score from the <b><u>District V Table</u></b> (if more than one box was checked, add all scores together and divide by the number of boxes checked)	Enter Score
2.	<b>Mid-week days are Sunday-Thursday</b> <input type="checkbox"/> Add two (2) points if your event falls on at least <b>2 mid-week days</b> <i>or</i> <input type="checkbox"/> Add one (1) point if your event falls on <u>only 1 mid-week day</u>	<input type="checkbox"/> +2 <i>or</i> <input type="checkbox"/> +1
3.	<b>District V Total Score</b>	<u>Enter Score</u>

**Timing of event: Season, shoulder, off season, Mid-week (Sun-Thurs.)** Below, provide a written explanation of the reason you are holding your event in the time period indicated above:

Enter Text



**C. FINANCIAL COMMITMENT OF ORGANIZATION TO THE MARKETING OF THIS EVENT**

Without consideration to funds that you may receive from the Tourist Development Council, please describe in detail, how your organization plans to market your event to appeal to your target market, and include ratio of your organization's contribution to amount of funds requested from TDC. If you require more space than provided, please attach as **Exhibit C. Example**: media placement; newspapers (list the publication and cost); magazines (list the publication and cost); brochures (direct mail – cost); posters/signs (cost); social media Twitter/Facebook, blogs, websites, internet – (cost); TV; radio; public relations; other (provide details).

**Highest points will be awarded for soundness of plan. The ratio of your contribution to TDC contribution will be considered in this score.**

Description	Estimated Cost
Enter Text	Enter Amount

Total estimated direct cost/value of hard media/marketing and public relations: \$ \_\_\_\_\_

**1 2 3 4 5 6**

**D. HOW YOUR ORGANIZATION WILL UTILIZE TDC FUNDING TO EXPAND YOUR MARKETING EFFORTS**

If you should receive funding from the Tourist Development Council, how would you **expand** your marketing plan? If you require any further space, please attach as **Exhibit D**. Use specific examples as outlined in **Exhibit C**.

Description	Estimated Cost
Enter Text	Enter Amount

**E. COMMITMENTS FOR CONTRIBUTION**

**EXHIBIT E-1**

**E.1. COMMITMENTS FOR HARD DOLLAR CONTRIBUTIONS**

1. List all contributors (HARD DOLLARS) supporting the proposed event and the amount committed by those contributions.

<u>Contributor</u>	<u>Amount</u>
Enter Contributor _____	0.00 _____
_____	_____
_____	_____
_____	_____
_____	_____
<b>SUB-TOTAL VALUE OF CONTRIBUTORS</b>	<b>\$ _____</b>

**1 2 3 4 5**

**EXHIBIT E-2**

**E.2. COMMITMENTS FOR IN-KIND CONTRIBUTIONS**

2. List all in-kind contributions: (including complimentary rooms, functions, services)

<u>Contributor</u>	<u>Type</u>	<u>Value</u>
Enter Contributor _____	Enter Type _____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
<b>SUB-TOTAL VALUE OF IN-KIND SERVICES</b>		<b>\$ _____</b>
<b>TOTAL VALUE OF CONTRIBUTION</b>		<b>\$ _____</b>

**1 2 3 4 5**

**FURNISH LETTERS OF SPECIFIC COMMITMENT FROM CONTRIBUTORS AND SPONSORS FOR BOTH HARD DOLLAR AND IN-KIND SERVICES.**

**F. ITINERARY OF THE EVENT**

**Specifically outline the activities/events that will take place during your event. If your event encompasses several days, breakout each day including the venue.**

Example: Day 1: Bar crawl (Sloppy’s Joes; The Bull; etc. 5 pm to close)  
Day 2: Food and wine tasting (Michael’s; Antonia’s, etc)  
Day 3: Art festival – street closing – 8 am – 4 pm

Enter Text

**G. EVENT BUDGETS**

**EXHIBIT G-1**

**G.1. RE-OCCURRING EVENT BUDGET**

Attach as **Exhibit G-1** your organization's operating budget and all inclusive income/expense report for the last event.

**OR**

**EXHIBIT G-2**

**G.2. NEW EVENT BUDGET**

Attached as **Exhibit G-2** your organization's projected operating budget including all inclusive projected income/expense for the proposed new event.

**ACTION PLAN: PARKING/ROAD CLOSURES/SECURITY/TRASH**

Submit a detailed action plan including appropriate permit(s) if applicable, as to how parking/security/road closures and trash/recycling will be handled during your event. The plan should include the following information:

1. If your event will require road closures, enclose a copy of the approval by the appropriate county/municipal entity:

2. Describe how your marketing plan will accommodate parking and transportation as it relates to your event:

3. How will your event staff and organization handle security?

4. How will your organization handle trash removal/recycling?

**NON-COLLUSION AFFIDAVIT**  
**and**  
**VERIFICATION**

I, \_\_\_\_\_, of the city of \_\_\_\_\_ according to law on my oath, and under penalty of perjury, depose and say that:

1) I am \_\_\_\_\_, the applicant making the application for the event.

2) The prices in this application have been arrived at independently without collusion, consultation, communication or contract for the purpose of restricting competition, as to any matter relating to such prices with any other applicant or with any competitor;

3) Unless otherwise required by law, the prices which have been quoted in this application have not been knowingly disclosed by the applicant and will not knowingly be disclosed by the applicant prior to application opening, directly or indirectly, to any other applicant or to any competitor;

4) No attempt has been made or will be made by the applicant to induce any other person, partnership or corporation to submit, or not to submit, a application for the purpose of restricting competition; and

5) The statements contained in this affidavit are true and correct, and made with full knowledge that Monroe County relies upon the truth of the statements contained in this affidavit in awarding contracts for said project.

**VERIFICATION**

I HEREBY CERTIFY that I have read the forgoing application and that the facts stated herein are true and correct to the best of my knowledge and belief.

\_\_\_\_\_  
President's Name Typed

\_\_\_\_\_  
President's Signature

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_  
personally appeared \_\_\_\_\_, \_\_\_\_\_, and \_\_\_\_\_  
\_\_\_\_\_ known to be the persons named in and who executed the foregoing document.

My commission expires: \_\_\_\_\_  
Notary Public  
State of \_\_\_\_\_

**DRUG FREE WORKPLACE FORM**

The undersigned applicant in accordance with Section 287.087 Florida Statutes hereby certifies that:

Enter Business Name \_\_\_\_\_

(Name of Business)

1. Publishes a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the workplace and specifying the actions that will be taken against employees for violations of such prohibition.
2. Informs employees about the dangers of drug abuse in the workplace, the business's policy of maintaining a drug-free workplace, any available drug counseling, rehabilitation, and employee assistance programs, and the penalties that may be imposed upon employees for drug abuse violations.
3. Gives each employee engaged in providing the commodities or contractual services that are under application a copy of the statement specified in subsection (1).
4. In the statement specified in subsection (1), notifies the employees that, as a condition of working on the commodities or contractual services that are under proposal, the employee will abide by the terms of the statement and will notify the employer of any conviction of, or plea of guilty or nolo contendere to, any violation of Chapter 893 (Florida Statutes) or of any controlled substance law of the United States or any state, for a violation occurring in the workplace no later than five (5) days after such conviction.
5. Imposes a sanction on, or require the satisfactory participation in a drug abuse assistance or rehabilitation program if such is available in the employee's community, or any employee who is so convicted.
6. Makes a good faith effort to continue to maintain a drug-free workplace through implementation of this section.

As the person authorized to sign the statement, I certify that this firm complies fully with the above requirements.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**APPLICATION CHECK LIST (submit with application)**

I have completed the following items:

- Each section of the application has been completed.
- Applicant has reviewed the sample Contract at <http://fl-monroecounty.civicplus.com/index.aspx?nid=328>.
- Applicant has reviewed the scoring sheet at <http://fl-monroecounty.civicplus.com/index.aspx?nid=328>, that is utilized by the District Advisory Committees and understands that the application must score 29 points or above by the majority of the sitting members in order to qualify for funding.
- Applicant has submitted the event's budget and income/expense report for the last event. Re-occurring events should submit **Exhibit G.1.** and new events should submit **Exhibit G.2.**
- Applicant has completed and signed the Non-Collusion Affidavit and Verification form included within the application.
- Applicant has reviewed and signed the Drug Free Workplace form included within the application.

**Print off this page, sign below, and include as part of application**

Signed By: \_\_\_\_\_

Type Name: Type Name Here