2024-2025

City of Farmersville Event Funding

Request Form A

(Request for Assistance $100-$2000)

Special Notice for Fiscal Year 2024-2025:

This announcement of submission of an application is in no way a commitment of funding.

Request Guidelines:

- If you are requesting financial assistance for more than one event, a separate request form and distinct separate budget must be submitted for each request.
- Any questions re submitting a funding request should be directed to the City of Farmersville 559-747-0458

1. Name of Event:_____

2. Date of Event: _____

3. Location of Event: _____

4. Name of Applicant/Organization hosting event: _____

5. Contact Person:
   Name: _____
   Title: _____
   Phone: _____
   Email: _____
   Address: _____
   City: _____ State: _____ Zip: _____

6. Description of Event: _____
   _____
   _____
   _____

7. Describe what benefits the community and City of Farmersville will receive from the event:

   _____

   _____

   _____

   _____

8. Anticipated Number of out-of-town overnight attendees: _____

9. Anticipated number of local attendees: _____

10. Is this a fundraising event? Yes_____   No _____

11. Event Promotion- What type of advertising/public relations/promotion methods do you plan to use to advertise the event? For example, provide details of promotional activities, materials, and ad placements, including the name of publications, location of billboards, tv/radio stations, websites, number of postcards to be produced, etc.

   _____

   _____

   _____

   _____

   _____

12. Is this event free to the public: Yes_____   No _____

13. Is this a first time event: Yes_____   No _____

14. What hotels have committed to special rates or packages for the event date?

   _____

   _____

   _____

   _____

15. Describe your procedures for crowd control and security:

   _____

   _____

   _____

   _____

_____

16. How many estimated hotel room nights will be generated by this event?

_____

_____

_____

17. Liability Insurance: Yes_____ No _____

18. Have you consulted with City/County/State and other agencies to determine what permits will be required to conduct this event? Yes_____ No _____

19. **Total Amount of Financial Assistance requesting:** $_____

20. Complete this projected event budget worksheet:

Anticipated Revenue:

1. Admissions ------------------------------------ $_____

2. Booth/Space Rentals -------------------------- $_____

3. Corporate/Individual Sponsors -------------- $_____

   $_____

   $_____

4. Other Revenue (please list)

_____

_____

_____

5. Requested City of Farmersville In Kind Support (Please List)
   (i.e., Permit Fee Waive, Traffic Control, Security, Electrical Support, Other City Staff Labor, City Equipment, Portable Restrooms, Street Barricades, City Facilities, etc.)

   $_____

   $_____

   $_____

$_____

6. Requested City of Farmersville Monetary Support $_____

   Total Projected Revenue: $_____

Anticipated Expenses:

1. Personnel:
   Administrative -- $_____
   Artistic -- $_____
   Technical -- $_____
   Other --- $_____
2. Space Rental --- $_____
3. Equipment Rental --------------------------------- $_____
4. Miscellaneous Supplies ------------------------------ $_____
5. Permits/License ------------------------------------- $_____
6. Advertising/Marketing------------------------------ $_____
7. Other Expenses

   _____ $_____
   _____ $_____

Total Projected Expenses: ---------------------------------- $_____

OFFICIAL WITH CONTRACTING AUTHORITY FOR THE
ORGANIZATION

I HEREBY CERTIFY that the facts stated herein this Event Funding Request are true and correct to the best of my knowledge. The Event described herein will be conducted in accordance with all applicable city/county and other regulations, and the Event provides equal access to employment and event participation without regard to race, color, religion, sex, national origin, age, disability, or military status in accordance with applicable federal laws.

Official's Signature: _____   Date: _____

Official's Name & Title (Print): _____

Phone Number: _____   E-Mail address: _____