



Panama City
Community Development Corporation, Inc (CDC)
EVENT ASSISTANCE PROGRAM APPLICATION

I. APPLICATION INFORMATION:

1. Organization Name: _____

2. Organization Contact: _____

3. Title: _____

4. Email: _____

5. Phone:
(Home) _____

(Work) _____

(Cell) _____

Fax: _____

6. Address: _____

7. This Organization is:

_____ Independently Chartered

_____ Private

_____ Not For Profit

_____ Other

Jennifer M. Vigil
President & CEO
Destination Panama City

1000 Beck Avenue
Panama City, FL 32401
(850) 215-1700

info@destinationpanamacity.com



Tax ID #: _____

If other, please describe: _____

8. Major Sporting Events (and dates) hosted by the Organization (if applicable)

II. EVENT INFORMATION:

1. Event Title: _____

2. Event Date: _____

3. Brief description of event (format, qualifying criteria, ages, etc.):

4. Sport(s) Involved (if applicable) _____

5. Location(s): _____

6. Proposed Facility (ies): _____

7. Has the facility been secured? _____

8. Facility Contact:
Name _____ Phone _____

9. Event Owner/Sanctioned Body: _____

10. Event Owner Contact:
Name _____ Phone _____

11. Event Director(s):
Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

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12. Event History (most recent, regardless of location):

(a) Previous Location/Date(s): _____

Contact Name/Phone: _____

Out-of-State/Area Participants: _____ Room Nights: _____

Out-of-State/Area Fans-Spectators: _____ Room Nights: _____

(b) Previous Location/Date(s): _____

Contact Name/Phone: _____

Out-of-State/Area Participants: _____ Room Nights: _____

Out-of-State/Area Fans-Spectators: _____ Room Nights: _____

13. Was this event secured through bid? Yes _____ No _____
if yes, please provide appropriate documentation.

14. What is the overall event plan (include schedules, competition details,
special events, etc.):

15. Summarize the marketing plan for the event to include all media(s) timeline and if
you are paying a promotional or production expense to obtain event coverage:

Items # 14 & 15 can be presented as separate documents if more space is needed.

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III. EVENT ASSISTANCE REQUEST:

1. Type of Assistance requested:

(a) Financial: Amount _____

(b) Other: _____

2. Have you received CDC assistance for this event in the past? If Yes, please list dates and type of assistance provided):

3. Intended use of assistance, if awarded:

4. How will this assistance impact the success of the event?

5. How will this event contribute to a positive image for Panama City?

6. Does this event have future implications, spin-offs, or other considerations?

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7. What other support from CDC do you request (postage, Brochure design and/or printing, etc?)

8. Is this a room rebate event? Yes _____ No _____

If so, how much per room? _____

9. Has a Host Property been secured? Yes _____ No _____

If so, Property: _____

IV.COMMUNITY SUPPORT:

1. Please list other contributions from public entities for this event (include amount and source):

2. Please list any in-kind (donated facilities, volunteer/staff support, city/county services, etc.) support from the community that has been committed for this event:

3. Please list any local corporate support that has been secured for this event:

4. Please list any other local sponsorship that has been secured for this event:

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V.ECONOMIC IMPACT/PARTICIPATION PROJECTIONS:

1. Total expected participants (competitors, coaches, trainers, officials, etc.):

Adult - out-of-state/area _____ in-state _____

Youth - out-of-state/area _____ in-state _____

2. Total expected spectators (fans, family, friends, etc.):

Adult - out-of-state/area _____ in-state _____

Youth - out-of-state/area _____ in-state _____

3. Total expected media:

Out-of-state _____ in-state _____

4. Projected length of stay: _____

5. Projected room cost: _____



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VI.SIGNATURES:

Applicant Signature/Disclaimer

We, the undersigned certify that we have read and understand the Panama City Community Development Corporation, Inc. (CDC) Sports Event Assistance Program Policy or the Special Event Advertising Policy and Procedure (whichever is appropriate for this application) and that all information with our application is true and correct.

Authorized Signature, Applicant	Title	Date
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Authorized Signature, Applicant	Title	Date
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CDC will contact the applicant organization upon final recommendation. If the event is a bid event, submit all bid documents including award letter.

No later than thirty (30) days prior to the event, if awarded, the organization must provide proof of insurance which lists the Panama City Development Corporation, Inc. as additional insured, with a minimum liability of \$1,000,000 per occurrence. If this item is not provided before the event takes place then the assistance will not be awarded.

Within 30 days after the completion of the event, the organization must forward the Post Event Report that includes complete and accurate accounting of the event's financial activity and summary of the collected Out-of-State Participant forms. CDC will disburse funds as reimbursement for paid invoices (canceled checks), for expenses specified in Post Event Report. After review of the Post Event Report, the assistance funds will be forwarded to the organization.

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