

**Carson City**  
**Office of Business Development**  
108 East Proctor Street  
Carson City, NV 89701



## Special Event Funding Request Form

ORGANIZATION NAME / APPLICANT

MAILING ADDRESS, CITY, STATE, ZIP CODE

PHONE #

WEBSITE URL

CONTACT / EVENT DIRECTOR NAME

MAILING ADDRESS, CITY, STATE, ZIP CODE

PHONE #

EMAIL

NAME OF EVENT

\$ \_\_\_\_\_  
TOTAL FUNDING REQUEST

Event Dates: \_\_\_\_\_

Project Area (check one):

Redevelopment Area #1

Redevelopment Area #2

### Event Description and Objectives

Include history of the event and importance to the community (use additional pages as needed):

Estimated number of local participants: \_\_\_\_\_ Estimated number of out-of-town participants: \_\_\_\_\_

Number of years event has taken place in Carson City: \_\_\_\_\_

| Event Costs (Attach additional sheets, if necessary)  |                     |   |                |
|---|---------------------|---|----------------|
| Activity (e.g. Advertising, Equipment Rental, etc.)   | Redevelopment Funds | Other Funds   | Total          |
|   | \$                  | \$  | \$             |
|   | \$                  | \$  | \$             |
|   | \$                  | \$  | \$             |
|   | \$                  | \$  | \$             |
|   | \$                  | \$  | \$             |
|   | \$                  | \$  | \$             |
|   | \$                  | \$  | \$             |
|   | \$                  | \$  | \$             |
| Totals:   | \$                  | \$  | \$             |
| Redevelopment Funds as a % of total Event costs:  | _____%              |   |                |
| Projected Revenues:   |                     |   | \$             |
| Projected Net Profit/Loss:  |                     |   | \$             |
| Annual Budget of Organization:  |                     | Redevelopment funding your organization received for this event in prior years, if any: |                |
|   | Last Year           | Present Year  | Next Year      |
| Income:   | \$ _____            | \$ _____  | \$ _____       |
| Expenses:   | \$ _____            | \$ _____  | \$ _____       |
| Reserves:   | \$ _____            | \$ _____  | \$ _____       |
| Number of years your organization has existed: _____  |                     | 2015: \$ _____  | 2014: \$ _____ |
|   |                     | 2013: \$ _____  | 2012: \$ _____ |
| Have other organizations besides yours committed funding for this event? <input type="checkbox"/> Yes <input type="checkbox"/> No   |                     |   |                |
| If yes, what organization(s) and how much funding?  |                     |   |                |
| Describe any efforts to obtain funding from other sources:  |                     |   |                |
| Describe why Redevelopment funds are required for the special event:  |                     |   |                |
| Describe how the special event meets the objective of the Redevelopment Plan to strengthen the local economy by attracting and expanding private investments in the Area, create new employment opportunities, increase the city's tax base, and expand public revenue (for Downtown Redevelopment Area 1); or to promote South Carson Street as an auto purchase destination for the region (for Redevelopment Area #2): |                     |   |                |
| List other organizations and businesses partnering or participating in the event:   |                     |   |                |
| Describe the facilities and/or area in which the event will occur. Include any proposed street closures:  |                     |   |                |

Have you obtained all necessary approvals and/or permits for the event?  Yes  No  
If not, what approvals are still pending?

How do plan to market and advertise the event?

Explain how the special event may be able to be expanded in the future:

Explain how the special event will be able to transition away from City funding support in the future:

**Acknowledgement of Application Provisions: (please check each that you acknowledge)**  
 I affirm that this project conforms to all applicable codes, ordinances and regulations, as well as the common principles for Downtown Carson City.  
 All applicable permits will be obtained for this project and all accompanying inspections will be successfully completed to receive reimbursement.  
 I affirm that I am in good standing with the Consolidated Municipality of Carson City with respect to taxes, fees, loans or other financial obligations to the City.  
 If this event is selected for an incentive from the Consolidated Municipality of Carson City, I acknowledge that photographs of my event may be used in promotional materials for Downtown Carson City.

**I affirm, this application and all attachments are true and accurate to the best of my knowledge.**

|                      |       |
|----------------------|-------|
| Applicants Signature | Date: |
|----------------------|-------|

**\*Note:** ALL project related invoices must be submitted for review at conclusion of the project prior to reimbursement. In addition, approved copies of required City building, sign and other permits must be submitted as a condition of reimbursement and in order for any and all liens to be released.

**Application submittal checklist:**

- Complete, signed Special Event Funding Request Form
- Organization chart/structure of the organization conducting the special event, including delineation of lines of responsibility
- Resumes of the key individuals in the organization conducting the special event
- Current financial statements including a balance sheet and profit and loss statement with explanations regarding the valuation of assets and recognitions of revenues and expenses.