



# Special Events Sponsorship Program Application

for Festivals, Parades, and Community Celebrations

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## Section 1: Event and Contact Information

Event Name: \_\_\_\_\_

Event Date(s): \_\_\_\_\_

Event Location: \_\_\_\_\_

Event Organization: \_\_\_\_\_ Type:  501(c)3  501(c)6

Anticipated Attendance: \_\_\_\_\_ Award Amount Requested: \_\_\_\_\_

Address: \_\_\_\_\_

Applicant Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

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## Section 2: Event Narrative and Significance (50% of scoring weight)

2.1 In the space provided below, briefly describe the event's nature, structure and vision and how well the event relates to your organization's mission, purpose and goals. The description should be brief and succinct. Do not attach additional sheets.

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2.2 In the space provided below, describe how the event demonstrate support of SESP program goals.  
Do not attach additional sheets.

**2.2.1 Enhance economic development**

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**2.2.2 Encourage community participation**

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**2.2.3 Promote arts and cultural growth**

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**2.2.4 Provide a rich variety of festivities for residents and visitors**

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**Section 3: Financial Capabilities and Event Execution (50% of scoring weight)**

In the space below, describe your organization's financial capabilities and event execution experience. The description for each category should be brief and succinct. Do not attach additional sheets.

**3.1 Ability to produce a profitable or break-even event measured on a cash basis**

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**3.2 Extent of diversified financial support and in-kind contributions and/or volunteer resources**

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**3.3 Ability and experience in producing a well-planned and safe event**

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**3.4 Depth of managerial and organizational capacity**

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**Section 4: Event Budget/Anticipated Expenses**

Group expenses into major categories below. Specify up to five other categories. Budget must include City of Fremont Services (based on anticipated cost of City staff; email [agee@fremont.gov](mailto:agee@fremont.gov) for quote.) Section is required but will be not scored or contributed to the merit of the application.

<b>Description</b>	<b>Amount</b>
City of Fremont Services (Police, Fire, Street Maintenance on day(s) of event)	\$
Permit Fees	\$
Event Staff - None City of Fremont Services	\$
Promotion and Marketing	\$
Venue	\$
Stage/Tent/Canopy Set Up	\$
Decoration/Other Site Set Up	\$
Supplies and Equipment	\$
Food/Catering	\$
Program/Activities/Performances	\$
Security	\$
Portable Toilets	\$
Trash, Recycling, Compost, and Related Services	\$
Other Vendors	\$
Other 1, specify:	\$
Other 2, specify:	\$
Other 3, specify:	\$
Other 4, specify:	\$
Other 5, specify:	\$
<b>Total Anticipated Expenses</b>	<b>\$</b>

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**Section 5: Available Funding**

This section is required, however, information provided will be not scored and does not contribute to the merit of the application. **Applicants may request up to 50% of total event costs or 100% of City of Fremont service cost, whichever is higher. Event must have at least 50% in other funding sources**

Specify all available funding sources and amounts for the event. Indicate if funding is confirmed or anticipated. Include SESP Award and requested amount as an anticipated funding source. Attach additional sheets if necessary.

Description	Status	Amount
1: Fremont Special Event Sponsorship Program (SESP) Award	<input checked="" type="checkbox"/> Anticipated <input type="checkbox"/> Confirmed	\$
2:	<input type="checkbox"/> Anticipated <input type="checkbox"/> Confirmed	\$
3:	<input type="checkbox"/> Anticipated <input type="checkbox"/> Confirmed	\$
4:	<input type="checkbox"/> Anticipated <input type="checkbox"/> Confirmed	\$
5:	<input type="checkbox"/> Anticipated <input type="checkbox"/> Confirmed	\$
6:	<input type="checkbox"/> Anticipated <input type="checkbox"/> Confirmed	\$
7:	<input type="checkbox"/> Anticipated <input type="checkbox"/> Confirmed	\$
8:	<input type="checkbox"/> Anticipated <input type="checkbox"/> Confirmed	\$
9:	<input type="checkbox"/> Anticipated <input type="checkbox"/> Confirmed	\$
10:	<input type="checkbox"/> Anticipated <input type="checkbox"/> Confirmed	\$
11:	<input type="checkbox"/> Anticipated <input type="checkbox"/> Confirmed	\$
12:	<input type="checkbox"/> Anticipated <input type="checkbox"/> Confirmed	\$
13:	<input type="checkbox"/> Anticipated <input type="checkbox"/> Confirmed	\$
14:	<input type="checkbox"/> Anticipated <input type="checkbox"/> Confirmed	\$
15:	<input type="checkbox"/> Anticipated <input type="checkbox"/> Confirmed	\$
<b>Total Funding:</b>		\$

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**Section 6: Event Revenue**

This section is required, however, information provided will be not scored and does not contribute to the merit of the application. Specify the net revenue amount for the last two years the event occurred.

Date and Year Event Occurred	Net Revenue
1:	\$
2:	\$

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**Section 7: Affidavit and Signature**

The SESP application requires two signatures: 1) applicant, and 2) CFO or Treasurer of Event Host Organization, unless the same person serves as both the applicant and the CFO/Treasurer for the Organization.

**AFFIDAVIT OF APPLICANT**

I certify that the information contained in the foregoing application is true and correct to the best of my knowledge and belief. I understand that this application is made subject to the rules and regulations established by the City Council and/or the City Manager or the City Manager's designee. Applicant agrees to comply with all reporting and sponsor acknowledgement requirements if the event is awarded a grant under the Special Event Sponsorship Program. I agree to abide by all requirements and further certify that I, on behalf of the Event Organization, am also authorized to commit that organization, and therefore agree to be financially responsible for any costs and fees that may be incurred by or on behalf of the Event to the City of Fremont. I further agree to pay back any or all of the awarded grant to the City of Fremont within 30 days of notification if the event is canceled or modified significantly from the original proposed activities as determined by the SESP Decision Committee, City Council, and/or the City Manager or the City Manager's designee.

Print Name of Applicant: \_\_\_\_\_

Title: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title (select one):  Chief Financial Officer  Treasurer

Signature: \_\_\_\_\_ Date: \_\_\_\_\_