

**2020 TOWN OF AVON SPECIAL EVENT
FUNDING & CALENDAR APPLICATION**

1) PRODUCING ORGANIZATION INFORMATION:

- a. Business Name:
- b. Primary Contact Person/Title:
- c. Alternate Contact Person/Title:
- d. Business Mailing Address:
- e. Business Physical Address:
- f. Primary Contact Phone Number:
- g. Alternate Contact Phone Number:
- h. Primary Contact Email Address:
- i. Alternate Contact Email Address:
- j. If any, Event or Business Website, Facebook and/or Instagram Address:

2) NAME OF SPECIAL EVENT:

3) SELECT ONE EVENT CATEGORY:

- Recreational (athletic tournaments/competitions, runs/races, etc.)
- Cultural Enrichment (culinary, dance, storytelling, theatre, markets, etc.)
- Educational
- Festival/Concert

4) SELECT ONE BUSINESS CATEGORY:

- For Profit
- Non-Profit (501C-3)
- Not-for-Profit (501C-6)

5) SPECIAL EVENT DESCRIPTION:

Please provide a detailed description of the event, its activities and entertainment, including talent and specific genres of music, type/style of dance, theater, etc. Include in the description, the following information:

- a. Dates and times for production set-up and breakdown:
- b. Dates and times for the event program/activities/performance:

11) IN-KIND REQUESTS, IF ANY OR IF APPLICABLE:

a. Please reference ATTACHMENT 4 for an estimated cost and list of in-kind services, assets, and facilities.

b. Total value of in-kind granted by the Town of Avon for 2016, 2017, 2018 and 2019:

c. Total projected value of in-kind funding request for 2020, 2021, 2022:

12) STATEMENT REGARDING SPECIAL EVENT GOALS & REVIEW CRITERIA:

Please provide a statement assessing how the special event meets the Goals and Review Criteria listed in ATTACHMENT 5.

13) SIGNATURE STATEMENT:

I affirm that all the information included in this application, its attachments, and its supplemental documents is true and correct to the best of my knowledge. I affirm that I have read ATTACHMENT 6 and understand Town of Avon Production Requirements.

Authorized Signatory

Date

Printed Name: _____

