



# Sports & Exhibition Authority

When you have the time, Pittsburgh has the place.

## APPLICATION SPORTS EVENT FUNDING (SEF) PROGRAM 2022 (July)

### INSTRUCTIONS:

Please fill out the entire application and answer the questions as completely as possible. Email the completed application, along with all attachments, to [info@pgh-sea.com](mailto:info@pgh-sea.com). Please make sure you receive a confirmation email that your application has been received.

Applications are due no later than 3:00 pm on Friday, July 15, 2022. For program details please refer to SEF Program Guidelines (June 2022) which can be found [here](#).

If the application is approved, funding will be provided under the terms of a funding agreement. Applicants should review the form of funding agreement which can be found [here](#).

*Applicant represents that no information or documents that it has provided or will provide in connection with this application contain any trade secret or confidential proprietary information, as those terms are used in the PA Right to Know Law (65 P.S. Section 67.101 et seq.), and applicant waives any right to notice that it might have pursuant to 65 P.S. Section 67.707 if any information or documents so provided by applicant are produced.*

APPLICATION (submission) DATE: \_\_\_\_\_

*Responses are limited to 2,000 characters*

### APPLICANT INFORMATION

NAME OF ORGANIZATION: \_\_\_\_\_

TYPE OF ENTITY:

NON-PROFIT

GOVERNMENT

FOR-PROFIT ORGANIZATION

ORGANIZATION ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

WEBSITE: \_\_\_\_\_

DESCRIBE THE HISTORY AND MISSION OF YOUR ORGANIZATION:

PRIMARY CONTACT NAME/ TITLE: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

YEAR FOUNDED: \_\_\_\_\_

STATE OF INCORPORATION: \_\_\_\_\_

FEDERAL EMPLOYER IDENTIFICATION NUMBER: \_\_\_\_\_

## EVENT SUMMARY

EVENT NAME: \_\_\_\_\_

HAS EVENT VENUE/ FACILITY BEEN SECURED:

YES, LOCATION OF EVENT: \_\_\_\_\_

NO, PROPOSED LOCATION AND PLAN FOR SECURING:

EVENT START DATE: \_\_\_\_\_ EVENT END DATE: \_\_\_\_\_

FREQUENCY OF EVENT: \_\_\_\_\_

TOTAL EVENT COST: \_\_\_\_\_

AMOUNT/ FORM OF FUNDING REQUESTED: \_\_\_\_\_  GRANT  LOAN

## EVENT DETAIL

1. PROVIDE A DETAILED DESCRIPTION OF THE EVENT.
  
2. PROVIDE A DETAILED EVENT SCHEDULE, INCLUDING ALL PRE-PLANNING AND EXECUTION EFFORTS.
  
3. ATTACH BUDGET FOR EVENT, SIMILAR TO FORMAT PROVIDED BELOW. DESCRIBE ANY ASSUMPTIONS ON WHICH THE BUDGET IS BASED AND EXPLAIN ANY UNUSUAL BUDGET ITEMS. PROPOSE USE(S) FOR THE SEF FUNDING (see guidelines for information on eligible uses of SEF funding). PROVIDE THE CURRENT STATUS OF EACH FUNDING SOURCE AND ATTACH SUPPORTING EVIDENCE AS AVAILABLE.

Revenues	Budgeted Revenues	
Registration		
Spectator Revenue		
SEF Grant		
Sponsorships		
Fundraising		
Other Grants		
<b>Total Event Revenues</b>	<b>\$</b>	
Expenses	Budgeted Expenses	SEF Funds*
Staffing		
Venue		
Equipment		
Marketing		
Consultants		
<b>Total Event Expenses</b>	<b>\$</b>	<b>\$</b>
<b>Net Total =</b>	<b>\$</b>	<b>-</b>

*\* Identify the expenses proposed to be funded by the SEF fund (write YES in the SEF Funds column).*

***The above chart is for format purposes only. Please add or modify line items as necessary.***

4. DESCRIBE YOUR ORGANIZATION'S PLAN TO SECURE SUFFICIENT FUNDING FOR THE EVENT, INCLUDE FINANCING, TIMING OF COMMITMENTS AND RECEIPTS, CASH RESERVES, ETC.
  
5. PROVIDE HISTORY OF EVENT. IS THE EVENT A NEW EVENT, A REPEAT EVENT, A NEW EVENT TO THE REGION, A LARGER EVENT THAN PREVIOUSLY HELD?
  
6. WHAT REGIONAL, NATIONAL OR INTERNATIONAL ORGANIZATION OR ASSOCIATION WILL REGULATE OR SANCTION YOUR EVENT? PROVIDE A SHORT DESCRIPTION AND HISTORY OF THE REGULATING OR SANCTIONING ORGANIZATION. DESCRIBE THE REGULATING OR SANCTIONING ORGANIZATION'S OUTREACH, COMMITMENT TO OR IMPACT TO THE EVENT.
  
7. PROVIDE A MARKETING AND PROMOTION PLAN. DESCRIBE THE QUALITY AND QUANTITY OF ADVERTISING AND MEDIA COVERAGE OF EVENT THAT WILL PROVIDE POSITIVE EXPOSURE FOR THE REGION.
  
8. DESCRIBE DEMONSTRATED LOCAL SUPPORT FOR THE EVENT. ATTACH LETTERS OF SUPPORT OR OTHER EVIDENCE OF PUBLIC SUPPORT AS AVAILABLE.
  
9. IF THE EVENT HAS GROWTH POTENTIAL, PLEASE DESCRIBE.
  
10. WILL THE EVENT NOT OCCUR WITHOUT SEF FUNDING? OR, HOW WOULD RECEIVING SEF FUNDING ENHANCE THE EVENT?

## ECONOMIC IMPACT

11. PROVIDE ESTIMATED NUMBER OF PARTICIPANTS, EVENT STAFF, AND SPECTATORS/ ATTENDEES<sup>1</sup> AND BREAK DOWN DISTANCE OF TRAVEL FOR EACH AS FOLLOWS:

- A. LOCAL (WITHIN OR UP TO 50 MILES OUTSIDE OF ALLEGHENY COUNTY),
- B. DAY TRIP (50 TO 100 MILES OUTSIDE OF ALLEGHENY COUNTY), AND
- C. OVERNIGHT STAY (MORE THAN 100 MILES OUTSIDE OF ALLEGHENY COUNTY).

PROVIDE SOURCE, DATA, HISTORY OR INFORMATION ON WHICH YOU BASE THESE ESTIMATES.

12. IF APPLICANT HAS A CALCULATION OF ESTIMATED ECONOMIC IMPACT FOR THE EVENT (e.g., HOTEL ROOM NIGHTS, OTHER LOCAL SPENDING, STATE AND LOCAL TAXES TO BE GENERATED), PLEASE PROVIDE TOGETHER WITH FORMULA USED OR OTHER SUPPORT FOR THE ESTIMATE.

13. IF THE ORGANIZATION HAS PREVIOUSLY HELD SUBSTANTIALLY SIMILAR EVENTS, PROVIDE ECONOMIC IMPACT INFORMATION WITH RESPECT TO SUCH PRIOR EVENTS.

14. WHAT OTHER PUBLIC BENEFIT OUTCOMES AND IMPACTS DOES APPLICANT ANTICIPATE WILL BE REALIZED FROM THE EVENT? WHAT INDICATORS WILL BE USED TO MEASURE THESE OUTCOMES?

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<sup>1</sup> A spectator/attendee is counted once, even if they attend on multiple days

## APPLICANT EXPERIENCE AND CAPACITY

15. DESCRIBE YOUR ORGANIZATION'S RELEVANT EXPERIENCE HOLDING THIS EVENT OR SIMILAR EVENTS
  
16. APPLICANT'S CURRENT ANNUAL BUDGET: \_\_\_\_\_
  
17. ATTACH A COPY OF YOUR ORGANIZATION'S MOST RECENT AUDITED FINANCIAL STATEMENT OR INTERNAL STATEMENT IF NOT AUDITED.
  
18. PROVIDE, BY ATTACHMENT, INFORMATION ABOUT OWNERSHIP/BOARD OF DIRECTORS AND INFORMATION OF AFFILIATED COMPANIES.
  
19. WILL ANY MEMBER OF THE GRANTEE'S BOARD OR STAFF HAVE A FINANCIAL INTEREST IN THE UNDERTAKINGS OF THE EVENT OTHER THAN AN AUTHORIZED SALARY? FOR EXAMPLE, WILL PURCHASES BE MADE FROM AN ENTITY IN WHICH A STAFF OR BOARD MEMBER HAS AN INTEREST?
  
  
20. DESCRIBE THE APPLICANT'S SYSTEMS AND PROCEDURES FOR FINANCIAL MANAGEMENT, INVOICING, REPORTING, AND MONITORING.
  
  
  
  
  
  
  
  
  
  
21. IN THE PAST FIVE YEARS, HAVE ANY BANKRUPTCY OR DISSOLUTION PROCEEDINGS BEEN INITIATED BY OR AGAINST THE ORGANIZATION, OR HAS A RECEIVER, TRUSTEE OR CONSERVATOR BEEN APPOINTED? IF YES, PLEASE EXPLAIN.
  
  
  
  
  
  
  
  
  
  
22. IF YOUR ORGANIZATION IS CONTRACTING WITH AN EVENT ORGANIZER OR PRODUCTION COMPANY FOR EVENT EXECUTION, PLEASE IDENTIFY AND EXPLAIN.

## DIVERSITY, EQUITY, INCLUSION, ACCESSIBILITY, ENVIRONMENTAL SUSTAINABILITY

23. DOES YOUR ORGANIZATION HAVE A DESIGNATED ACCESSIBILITY COORDINATOR? DESCRIBE THE PLAN TO MAKE THE EVENT ACCESSIBLE TO INDIVIDUALS WITH DISABILITIES.
24. DESCRIBE PLAN FOR PARTICIPATION OF MINORITY BUSINESS ENTERPRISES (MBE) AND WOMAN BUSINESS ENTERPRISES (WBE) IN THE IMPLEMENTATION OF THE EVENT. LIST SPECIFIC MBE/WBE COMPANIES THAT WILL BE SOLICITED. (See guidelines for additional information)
25. PROVIDE INFORMATION ABOUT THE DIVERSITY OF YOUR CURRENT WORKFORCE AND YOUR EFFORTS TO PROVIDE FOR A DIVERSE WORKFORCE FOR STAFFING THE EVENT. PROVIDE INFORMATION ABOUT PARTICIPANT DIVERSITY.
26. PLEASE DESCRIBE THE SUSTAINABILITY PLAN FOR THE EVENT AND SPORT SPECIFIC SUSTAINABILITY EFFORTS.

## ADDITIONAL INFORMATION

27. IF THERE IS ANY ADDITIONAL INFORMATION PERTINENT TO THE APPLICATION, PLEASE PROVIDE IT HERE AND/OR BY ATTACHMENT.
28. HOW DID YOUR ORGANIZATION HEAR ABOUT THE SEF PROGRAM?

## ATTACHMENTS CHECKLIST

- Event budget (Item 3)
- Status of each funding source (Item 3)
- Documentation of community/ public support (Item 8)
- Most recent audited financial statement/ internal statement (if not audited) (Item 17)
- Owners, officers and directors (Item 18)
- Additional information, if applicable (Item 27)

## APPLICANT CERTIFICATION

AS AN AUTHORIZED OFFICIAL OF APPLICANT, I CERTIFY ON BEHALF OF APPLICANT THAT:

(1) THE STATEMENTS, REPRESENTATIONS AND INFORMATION IN THIS APPLICATION ARE CORRECT AND THAT THIS APPLICATION CONTAINS NO MISREPRESENTATION OR FALSIFICATION, OMISSION, OR CONCEALMENT OF MATERIAL FACTS AND THAT THE INFORMATION GIVEN IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF, AND

(2) NO INFORMATION OR DOCUMENTS HAVE BEEN PROVIDED OR WILL BE PROVIDED IN CONNECTION WITH THIS APPLICATION CONTAIN ANY TRADE SECRET OR CONFIDENTIAL PROPRIETARY INFORMATION, AS THOSE TERMS ARE USED IN THE PA RIGHT TO KNOW LAW (65 P.S. SECTION 67.101 ET SEQ.), AND APPLICANT WAIVES ANY RIGHT TO NOTICE THAT IT MIGHT HAVE PURSUANT TO 65 P.S. SECTION 67.707 IF ANY INFORMATION OR DOCUMENTS SO PROVIDED BY APPLICANT ARE PRODUCED.

SIGNATURE OF APPLICANT'S AUTHORIZED OFFICIAL:

SIGNATURE: \_\_\_\_\_

PRINTED NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

DATE: \_\_\_\_\_