



Sports & Exhibition Authority

When you have the time, Pittsburgh has the place.

SPORTS EVENT FUNDING (SEF) PROGRAM

2022 APPLICATION

Application No. _____ (to be completed by SEA)

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. Please make sure you receive a confirmation email that your application has been received.

Applications are due no later than 3:00pm on Tuesday, January 18, 2022. Please refer to SEF Guidelines (http://www.pgh-sea.com/userfiles/10_11_21_SEF_Guidelines.pdf) for program details.

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.

DATE OF APPLICATION: _____

APPLICANT INFORMATION

NAME OF ORGANIZATION: _____

ORGANIZATION ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

WEBSITE: _____

DESCRIBE THE HISTORY AND MISSION OF YOUR ORGANIZATION:

PRIMARY CONTACT NAME/ TITLE: _____

PHONE NUMBER: _____ EMAIL ADDRESS: _____

TYPE OF ENTITY:

NON-PROFIT GOVERNMENT FOR-PROFIT ORGANIZATION

YEAR FOUNDED: _____

STATE OF INCORPORATION: _____

FEDERAL EMPLOYER IDENTIFICATION NUMBER: _____

APPLICANT'S CURRENT ANNUAL BUDGET: _____

PROVIDE COPY OF YOUR ORGANIZATION'S MOST RECENT AUDITED FINANCIAL STATEMENT OR INTERNAL STATEMENT IF NOT AUDITED, BY ATTACHMENT.

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 OF FUNDING REQUESTED: _____

EVENT SCOPE/ READINESS

Responses are limited to 2,000 characters

1. PROVIDE A DETAILED DESCRIPTION OF THE EVENT.

2. WHAT REGIONAL, NATIONAL OR INTERNATIONAL ORGANIZATION OR ASSOCIATION WILL REGULATE OR SANCTION YOUR EVENT? PROVIDE A SHORT DESCRIPTION AND HISTORY OF THE ORGANIZATION. DESCRIBE THE ORGANIZATION'S FOLLOWING, EXPECTED GROWTH, BROADCASTING NORM AND OUTREACH AND IDENTIFY ANY SPECIFIC COMMITMENT TO OR IMPACT TO THE EVENT.

3. HAS A COVID-19 SAFETY PLAN BEEN DEVELOPED FOR THE EVENT? IF SO, DESCRIBE HOW IT WAS DEVELOPED AND ATTACH.

4. PROVIDE A DETAILED EVENT SCHEDULE, INCLUDING ALL PRE-PLANNING AND EXECUTION EFFORTS.

5. WHAT LOCAL ORGANIZATIONS ARE SUPPORTING THIS EVENT? EXPLAIN THE RELATIONSHIP AMONG THE PARTIES INVOLVED.

6. 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.

7. HOW DOES YOUR ORGANIZATION DEFINE A SUCCESSFUL EVENT?

8. HOW WILL THE SPORTS EVENT FUNDING (SEF) PROGRAM AFFECT THE SUCCESS OF THE EVENT?

9. PROVIDE CITY OF PITTSBURGH SPECIAL EVENTS PERMIT, IF APPLICABLE, AS ATTACHMENT.

EVENT BUDGET

10. COMPLETE THE BELOW SUMMARY EVENT BUDGET TABLE. ATTACH AN ITEMIZED EVENT BUDGET. PLEASE REFERENCE SEF PROGRAM GUIDELINES FOR ELIGIBLE/ INELIGIBLE EXPENSES.

Revenue/ Expense Description	Source of Funds				Total
	1. SEF Program Funds	2.	3.	4.	
1.					\$
2.					\$
3.					\$
4.					\$
5.					\$
6.					\$
7.					\$
8.					\$
9.					\$
10.					\$
Totals:	\$	\$	\$	\$	\$

11. PROVIDE THE CURRENT STATUS OF EACH FUNDING SOURCE. ATTACH SUPPORTING EVIDENCE AS AVAILABLE.

12. DESCRIBE YOUR ORGANIZATION'S PLAN TO FUND THIS EVENT AND ANY CASH FLOW ISSUES THAT MAY OCCUR. INCLUDE FINANCING, TIMING OF COMMITMENTS AND RECEIPTS, CASH RESERVES, ETC.

EVENT HISTORY

13. IS THE EVENT A NEW EVENT, A REPEAT EVENT, A NEW EVENT TO THE REGION, A LARGER EVENT THAN PREVIOUSLY HELD? PROVIDE HISTORY OF EVENT (IN OR OUTSIDE OF ALLEGHENY COUNTY).

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

15. IN THE PAST TEN 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.

EVENT IMPACT

16. PROVIDE ESTIMATED NUMBER OF PARTICIPANTS, EVENT STAFF, AND SPECTATORS/ ATTENDEES. BREAK DOWN ATTENDANCE AND OTHER PARTICIPANT INFORMATION BY LOCATION (ALLEGHENY COUNTY/ OUTSIDE ALLEGHENY COUNTY WITHIN PA/ OUTSIDE PA/ OUTSIDE US). PROVIDE HISTORY OR OTHER DATA TO SUPPORT THESE FIGURES.

17. PROVIDE ESTIMATED TOTAL ALLEGHENY COUNTY HOTEL ROOM NIGHTS, OTHER LOCAL SPENDING, AND STATE AND LOCAL TAXES TO BE GENERATED. PROVIDE DATA TO SUPPORT THESE FIGURES.

18. WHAT PUBLIC BENEFIT OUTCOMES AND IMPACTS DOES APPLICANT ANTICIPATE WILL BE REALIZED FROM THE EVENT? WHAT INDICATORS WILL BE USED TO MEASURE THESE OUTCOMES? IF APPLICANT HAS A CALCULATION OF ESTIMATED ECONOMIC IMPACT FOR THE EVENT, PLEASE PROVIDE TOGETHER WITH FORMULA USED.

19. DESCRIBE DEMONSTRATED LOCAL SUPPORT FOR THE EVENT. PROVIDE DOCUMENTED PUBLIC SUPPORT SUCH AS MEETING MINUTES, LETTERS OF SUPPORT, OR OTHER EVIDENCE OF PUBLIC SUPPORT AS ATTACHMENT.

APPLICANT EXPERIENCE AND CAPACITY

20. DESCRIBE YOUR ORGANIZATION'S RELEVANT EXPERIENCE HOLDING SIMILAR EVENTS.

21. PROVIDE, BY ATTACHMENT, INFORMATION ABOUT OWNERSHIP/BOARD OF DIRECTORS AND INFORMATION OF AFFILIATED COMPANIES.

22. DESCRIBE THE APPLICANT'S SYSTEMS IN PLACE FOR FINANCIAL MANAGEMENT, INVOICING, REPORTING, AND MONITORING.

23. DESCRIBE THE APPROACH TO STAFFING (INCLUDING THE USE OF VOLUNTEERS) AND EVENT MANAGEMENT.

24. IF YOUR ORGANIZATION IS CONTRACTING WITH AN EVENT ORGANIZER OR PRODUCTION COMPANY FOR EVENT EXECUTION, PLEASE IDENTIFY AND EXPLAIN RESPONSIBILITIES, OVERSIGHT AND BASIC FINANCIAL TERMS (e.g. FIXED FEE? REVENUE PERCENTAGE? ANY RESPONSIBILITY FOR COST OVERRUNS, ETC.)

25. DEFINE THE GROWTH POTENTIAL OF THIS EVENT.

26. PROVIDE DETAILS OF YOUR SAFETY AND SECURITY PLAN INCLUDING ENTITIES INVOLVED.

**DIVERSITY, EQUITY, INCLUSION, ACCESSIBILITY, ENVIRONMENTAL
SUSTAINABILITY**

27. DOES YOUR ORGANIZATION HAVE A DESIGNATED ACCESSIBILITY COORDINATOR? DOES THE EVENT HAVE A PLAN FOR ACCESSIBILITY TO INDIVIDUALS WITH DISABILITIES? PLEASE PROVIDE PLAN AND ANY FORSEEABLE ISSUES WITH RESOLUTIONS.

28. THE SEA SPORTS COMMISSION ENCOURAGES MINORITY BUSINESS ENTERPRISES (MBE), WOMAN BUSINESS ENTERPRISE (WBE) AND A DIVERSE WORKFORCE. DESCRIBE YOUR GOOD FAITH EFFORTS TO PROVIDE OPPORTUNITIES FOR MBE/WBE FIRMS AND WORKFORCE DIVERSITY WITHIN THE ORGANIZATION AND EVENT.

29. DOES THE EVENT HAVE AN ENVIRONMENTAL SUSTAINABILITY PLAN? PLEASE PROVIDE GENERAL SUSTAINABILITY INFORMATION AS WELL AS EVENT/ SPORT SPECIFIC PLANS.

ADDITIONAL INFORMATION

30. IF THERE IS ANY ADDITIONAL INFORMATION PERTINENT TO THE APPLICATION, PLEASE USE THIS SECTION TO PROVIDE SUCH INFORMATION AND/OR SUPPLY ADDITIONAL ATTACHMENTS IF NECESSARY.

31. HOW DID YOUR ORGANIZATION HEAR ABOUT THE SEF PROGRAM?

ATTACHMENTS CHECKLIST

- Completed application
- Organization's most recent audited financial statement/ internal statement (if not audited)
- COVID-19 Safety Plan
- City of Pittsburgh Special Events Permits, if applicable
- Itemized event budget, including all other funding committed or requested. Describe any assumptions on which the budget is based and explain any unusual budget items. Identify the uses/ items that to which the requested funds would be applied.
- Itemized budget for use of SEF Program funds
- Evidence of secured funding
- Economic impact report
- Documentation of community/ public support including recommendation letters
- List of officers and directors, including occupations, places of employment, diversity (age, gender, and race) and other relevant affiliations; provide names and ownership percentages of any affiliated companies
- Minority Business Enterprise/ Women Business Enterprise and Workforce Diversity Plan
- Disability Accessibility Plan
- Environmental Sustainability Plan
- Additional pertinent information, if applicable

APPLICANT CERTIFICATION

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

SIGNATURE OF AUTHORIZED OFFICIAL:

PRINTED NAME: _____

TITLE: _____

DATE: _____

SIGNATURE DATE