



**MONROE COUNTY TOURIST DEVELOPMENT COUNCIL
APPLICATION FOR CULTURAL UMBRELLA EVENT FUNDING**

October 1, 2026 through September 30, 2027

Upon evaluation of the application, the total scores will be tabulated and applications scoring 60 or more out of 100 will be considered for funding. Events that meet the minimum scoring requirements will be ranked starting with the highest score.

EVENT NAME: _____
(used in all advertising)

DATE(S) OF EVENT: _____

EVENT WEBSITE: _____

Indicate the District(s) you are requesting funds and the dollar amount based on DAYS.
Events **must** occur in the district.

NUMBER of DAYS based on Schedule of Activities listed on page 3.

- | Days of Events | Maximum Grant Request |
|------------------------------------|------------------------------|
| <input type="checkbox"/> 1 – 14 | \$25,000 |
| <input type="checkbox"/> 15 – 120 | \$30,000 |
| <input type="checkbox"/> 121 – 365 | \$35,000 |

\$	District I Encompasses the city limits of Key West
\$	District II from city limits of Key West to the west end of the Seven Mile bridge
\$	District III from the west end of the Seven Mile bridge to the Long Key bridge
\$	District IV between the Long Key Bridge and Mile Marker 90.939
\$	District V from Mile Marker 90.940 to Dade/Monroe County line and any mainland portions of Monroe County

\$ _____ TOTAL AMOUNT REQUESTED (Districts I -V)

I. EVENT PRODUCER INFORMATION (The event producer is the organization or individual responsible for the event. In some cases, the event producer and the event are the same, for example: *The Key Players*. In other cases, they are different, for example: the Pigeon Key Arts Festival is the event; the Pigeon Key Foundation, Inc. is the producer.)

A. NAME OF CONTRACTING ORGANIZATION: _____
(Registered business name as it appears on www.sunbiz.org)

FICTITIOUS NAME IF USED: _____

ADDRESS: _____

TELEPHONE NUMBER: (Daytime) _____

CELL NUMBER: _____

E-MAIL ADDRESS: _____

FEDERAL I.D. # / E.I.N. _____

FLORIDA DIVISION OF CORPORATIONS DOCUMENT # _____

FLORIDA DEPT. OF AGRICULTURE & CONSUMER SVCS REG. # _____

INDICATE ORGANIZATION STATUS: FOR PROFIT NOT FOR PROFIT

If a person other than the President will be signing the agreement, documentation in the form of approved minutes, resolution or by-laws of the organization identifying said individual as an authorized person to sign on behalf of the organization must be provided. ***It is the responsibility of the applicant to notify the TDC Administrative office of any changes to the contact information provided below.***

PRESIDENT NAME: _____

PRESIDENT EMAIL ADDRESS: _____

Please provide a contact for general correspondence for the event. The person listed below should be able to accept responsibility for receipt of information, other than the final agreement.

CONTACT PERSON NAME: _____

TELEPHONE NUMBER: _____

ADDRESS: _____

MONROE COUNTY TOURIST DEVELOPMENT COUNCIL
CULTURAL UMBRELLA EVENT
FISCAL YEAR 2027
October 1, 2026 – September 30, 2027

SCHEDULE OF PROPOSED ACTIVITIES

EVENT NAME: _____

Please list scheduled EVENT activities in Monroe County in date order*

<u>ACTIVITIES</u>	<u>MONTH/YEAR ACTIVITY OCCURS</u>	<u>NUMBER OF DAYS **</u>

***Pre-Promotion: OCT/NOV/DEC 2027

- YES Are you requesting per-promotion funds
- NO

TOTAL DAYS =

Total Days can NOT exceed 365 days.

** Multiple activities within a calendar day (24-hour period) equals only 1 (one) day.

***If part of your funding request for **this** fiscal year is to promote event activities taking place in the **next** fiscal year (pre-promotion), then the following rules will apply:

1. Pre-promotion is **only** allowed for an event taking place during the months of October, November and December. If your event takes place after December 30, you must apply for funding in the next fiscal year.
2. All pre-promotion funding **MUST** be spent prior to September 30 of the fiscal year you are funded in.

**CULTURAL UMBRELLA EVENT BUDGET
FISCAL YEAR 2027**

Applicant is advised prior to completing this budget to refer to the *allowable* marketing expenses guidelines that are required for reimbursement
(Once your final funding allocation has been determined, the TDC administrative office will contact you to formulate the final budget that will become a part of your funding agreement/contract)
No changes or amendments are allowed to the final budget once approved by the BOCC

EVENT NAME: _____

*MEDIA PLACEMENT & PRODUCTION COSTS Only 30% of this line item may be spent on in-county	
PROMOTIONAL SIGNS	
PROMOTIONAL ITEMS	
DIRECT MAIL PROMOTIONS	
PROGRAMS & PLAYBILLS	
PUBLIC RELATIONS (must seek approval)	
**GENERAL NON-ALLOCATED Funds applied to media placement/Production Costs may only be applied to out-of-county advertising	
	<u>TOTAL</u>

*No more than 30% of Media Placement & Production Costs line item shall be expended on advertising media costs attributable to in-county placement.

**General Non-Allocated line item may not exceed 15% of the total funding allocation and may only be expended for allowable event marketing expenses. Actual expenditures may deviate no more than 10% from the budgeted line items noted above.

Please note: The TDC will only consider reimbursement of allowable marketing expenditures that highlight the special event versus the regular programming of a business, organization or the facility/venue. Reimbursement will only be paid if the correct logo shown in your contract is placed on the advertisement.

LOGOS can be downloaded at: [Google Drive](#)

New this year: If your event(s) occur in August or September 2027 please answer: How much of your funding do you anticipate will be spent and submitted for reimbursement prior to 9/30/2027? _____ And after 9/30/2027? _____ Revisions will be made after funding is allocated and will become part of your final agreement.

SCORED PORTION OF THE APPLICATION:

Narrative # 1: Please describe how your *proposed* EVENT(S) for FY27 will attract visitors and increase tourism. Tell us 3 - 4 ways your events will encourage visitors to extend their stay, and how you think these events are both creative and unique to the Keys. This question directly asks about your events proposed in this application ONLY! Please note: walk us through your *proposed* event(s), do **not** assume we are familiar with your event.

20 POINTS

Narrative # 2: Please describe all your plans to market and promote the proposed events to reach visitors outside of Monroe County. Include what you plan with your own funds, and how you will EXPAND your out of county marketing with your requested TDC/Cultural Umbrella funds. If your request includes funds for signs, promotional items, direct mailing, playbills and Public Relations – please include details and a schedule. **20 POINTS**

Narrative # 3: Please briefly tell us about your expertise and organizational history of producing events in the Keys. And how you think your upcoming season of events will encourage tourism, and enhance and contribute to the vibrant Keys' cultural arts scene. Does your event include a scholarship component or local charitable contribution? **20 POINTS**

Month(s of Event): Based on the Schedule of Activities (pg 3), please check the appropriate month(s) an event takes place. If an event occurs over a series of months, the scores will be added to a maximum of **13** points. October 2026 – September 2027.

- | | | | |
|--|----------|---|----------|
| <input type="checkbox"/> OCTOBER | 4 | <input type="checkbox"/> APRIL | 1 |
| <input type="checkbox"/> NOVEMBER | 4 | <input type="checkbox"/> MAY | 5 |
| <input type="checkbox"/> DECEMBER | 4 | <input type="checkbox"/> JUNE | 6 |
| <input type="checkbox"/> JANUARY | 2 | <input type="checkbox"/> JULY | 6 |
| <input type="checkbox"/> FEBRUARY | 1 | <input type="checkbox"/> AUGUST | 7 |
| <input type="checkbox"/> MARCH | 1 | <input type="checkbox"/> SEPTEMBER | 6 |

SCORE: 0 – 13 _____

Attendance: We would like to know how you calculate your attendance for your events, and *most important*, how you determine your out of county audiences? Please describe your methods, your walk-ins, how you count, and how you ask for county/out of county?

NEW: Please include the capacity of your venue, any survey results, social media analytics, room night reservations or any feedback you'd like to share. *No score.*

Total Attendance for Events:	Anticipated	Current	Actual
	10/1/2027-9/30/2028	10/1/2026-9/30/2027	10/1/2025-9/30/2026
Monroe County Residents	_____	_____	_____
Out of County Visitors	_____	_____	_____
TOTAL:	_____	_____	_____

STATEMENT OF INCOME and EXPENSES for the PROPOSED EVENT(S)

We request income and expenses for your event/series of events and NOT your entire budget, unless the proposed event IS your entire budget. The TDC wants to know what you as the Event Producer will be contributing to your event budget, and that you are an experienced Producer. The Cultural Umbrella Funds you are requesting in this grant will “enhance” your promotion and marketing of the event OUT of Monroe County. We have streamlined this section – complete this section based on the TDC’s fiscal year of October 1 – September 30.

Cultural Umbrella Funds must match

<u>INCOME:</u>	PROPOSED	CURRENT
	FY2027	FY2026
Cultural Umbrella Grant	_____	_____
Box Office/Admission	_____	_____
Food/Beverage	_____	_____
Sponsorships	_____	_____
Grants (State/Local)	_____	_____
Other income	_____	_____
TOTAL EVENT INCOME:	_____	_____

<u>EXPENSES:</u>	PROPOSED	CURRENT
	FY2027	FY2026
Cultural Umbrella Grant	_____	_____
Event Operating Expenses	_____	_____
Food/Beverage	_____	_____
Advertising & Marketing:		
TDC <i>allowable</i> expenses	_____	_____
TDC non-allowable(addt'l)	_____	_____
Other Expenses	_____	_____
TOTAL EVENT EXPENSES:	_____	_____
NET PROFIT/LOSS:	_____	_____

20 POINTS _____

For your information:

The Tourist Development Council’s Agencies of Record listed below are available to answer question and assist with the marketing of your event. Event Coordinators are not obligated to utilize the services of the TDC Agencies of Record.

ADVERTISING: Starmark: 954-874-900: Jacqui Hartnett - jhartnett@starmark.com

PUBLIC RELATIONS: Visit Florida Keys: 305-296-1552: Mary Haban - mary@fla-keys.com

INTERNET AGENCY: MMGY Global: floridakeys@mmgy.com

This section is not scored – please answer all questions that are pertinent to your event.

TRAFFIC/SECURITY ACTION PLAN AND CODE ENFORCEMENT:

Please submit a detailed action plan including any permits as to how parking and security, and road closures will be handled.

1. Describe how your event plan will accommodate parking and transportation.

2. Describe how your event plan will handle security.

CODE ENFORCEMENT:

Does your organization have any outstanding code violations and/or fines or liens? If YES, please explain. YES NO

EVENT SUSTAINABILITY ACTION PLAN:

Our visitors come to enjoy events, but in the process, much waste is generated, much of it recyclable. The most effective tool in reducing waste is planning ahead.

1. Do you include recycling messages within programs/brochures to recycle at the event and at home?

2. Do you plan on “green” advertising? (broadcast and digital)

3. Do you and your vendors use biodegradable/compostable products at your events?

4. Do you always provide the use of clearly identified recycling containers?

5. Do you and your vendors discourage use of “single-use” cups & bags?

USEFUL PHONE NUMBERS IN MONROE COUNTY for TRAFFIC/SECURITY/CODE:

Monroe County & Marathon: 305-289-6037

City of Key West: 305-809-3902

Village of Islamorada: 305-853-3433

2026-2027
Cultural Umbrella Event Funding
Score Sheet

EVENT NAME: _____

APPLICATION NUMBER: _____

FUNDING REQUEST: \$ _____

_____ (0 - 20 pts) Narrative # 1: How Proposed Event will encourage and increase tourism

_____ (0 - 20 pts) Narrative # 2: Plans to market and promote Proposed Event out of county

_____ (0 - 20 pts) Narrative # 3: Event Organization's history/experience producing events

_____ (1 - 13 pts) Months of Event

_____ (0 - 20 pts) Statement of Income and Expense and Budget questions (new this year)

_____ (0 - 7 pts) Overall Assessment

_____ (0 - 6 pts) First time applicant in a specific district (or hasn't been held in 3 years)

_____ **TOTAL SCORE**

Committee Member *Signature* _____

COMMENTS: