

# The Atlantic City Community Development Program

## Entertainment Event Grant Application

Offered By:

The Casino Reinvestment Development Authority (CRDA)

Distributed By:

CRDA Special Improvement Division

The Garage in Gordon's Alley

Atlantic City, NJ 08401

Phone: (609) 344-6990      [www.acsid.com](http://www.acsid.com)

[www.njcrda.com](http://www.njcrda.com)

### **IMPORTANT DATES:**

Availability of Applications:

Friday, June 17, 2011

Application Due Date:

First Come, First Serve

Anticipated Award Date:

Friday, August 5, 2011

## Application Instructions

An application may be sent by mail, e-mail (rtriboletti@acsid.com), fax (609-344-8832) or hand delivery to the CRDA Special Improvement Division (CRDA SID) offices. Send or deliver applications to:

CRDA Special Improvement Division  
P.O. Box 1798  
The Garage in Gordon's Alley  
Atlantic City, New Jersey 08401  
Attn: Ralph Triboletti, CRDA SID

### **Application Requirements**

- Completed application form provided by CRDA.
- Provide a brief narrative of your organization
- Indicate the number of paid staff and volunteers, if applicable, their identity and their responsibilities.
- Indicate the types of events your organization has offered over the past two (2) years. Describe the success of the event(s).
- Indicate if the organization has provided similar events in the City of Atlantic City over the past two (2) years.
- Provide evidence of support from the businesses, community and/or public officials for the event.
- Describe the proposed event including time and location; governmental approvals needed; products or goods to be sold; set up/break down/clean up plans.
- Describe the intended audience for the program. Estimate the amount of participants that will attend event.
- Estimate the economic impact on the Tourism District of Atlantic City. Explain how impacted businesses may participate or how they will benefit.
- Provide the budget for the project including sources of funds and usage.

# CRDA Application

## Entertainment Event Grant Fund

### SECTION 1 APPLICANT INFORMATION

NO: \_\_\_\_\_

Name of Applicant

Street Address

City

County

State

Zip Code

Name and Title of Fiscal Contact

E-mail Address

Telephone No.

Street Address

City

County

State

Zip Code

Name of Attorney/Law Firm representing your organization

E-mail Address

Telephone No.

Employer ID No.

Amount Requested

Location of Proposed Event

A. If your organization is classified as a Non-Profit/Tax Exempt or governmental entity, will any member of your organization receive any direct or indirect personal or monetary gain from the funding of this grant?  YES  NO

B. Does any member of your organization serve on any board, council commission, Committee or Task Force which has regulatory or advising influence on the funding program?  YES  NO

Type of Entity presenting the event: (check one)

 NON-PROFIT 501 (c)3  GOVERNMENT  SOLE PROPRIETOR TAX EXEMPT  PARTNERSHIP/LLC CORPORATION  OTHER (Specify) \_\_\_\_\_

Program Type:

 Musical Performance Sports Festival Other (please indicate below) Theatrical Performance \_\_\_\_\_ Parade

Total Funds Needed

**1**

Funds Requested from the CRDA

**2**

Funds From Other Sources

**3**

### CERTIFICATION

The applicant certifies that to the best of his/her knowledge and belief all data supplied in this application and attachments are true and correct, the document has been duly authorized by the applicant and further understands and agrees that any grant received as a result of this application shall be subject to the grant conditions, and other policies, regulations and rules issued by the Casino Reinvestment Development Authority which includes provisions described in grant application instructions.

Name and Title of Applicant (Please Print)

Signature of Applicant

Date of Application

**CRDA Application**

**Entertainment Event Grant Fund**

**SECTION 1 APPLICANT INFORMATION—Continued**

**Please provide a brief narrative of your organization.**

**Please provide a brief description of the organization's structure and duties (Please attach resumes).**

**Indicate number of paid staff and volunteers, if applicable - their identity and their responsibilities held.**

**CRDA Application**

**Entertainment Event Grant Fund**

**SECTION 1 APPLICANT INFORMATION—Continued**

**Indicate the type of events your organization has offered over the past two (2) years and describe the success of those programs. Indicate if similar events were launched in Atlantic City over the past two (2) years**

**Please provide evidence of support from the businesses as well as the community and/or public officials.**

**Please provide any other details that you feel are pertinent to your application.**

**CRDA Application**

**Entertainment Event Grant Fund**

**SECTION 2 PROJECT INFORMATION**

**Briefly describe the program your organization is planning including: planned time and location, governmental approvals that may be needed, products or goods to be sold, and set-up/break down/clean up plans. Please denote if this is to be a single event or a series of events.**

**Describe the intended audience and how will they benefit from your event? How many attendees do you anticipate?**

**Estimate the economic impact on the Tourism District. Will businesses within the Tourism District have the opportunity to participate in the event? Define how you will measure the success of the program.**

**CRDA Application**

**Entertainment Event Grant Fund**

**SECTION 2 PROGRAM INFORMATION**

**TOTAL COST OF EVENT: \$ \_\_\_\_\_**

**SOURCES OF FUNDS**

**AMOUNT**

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
<b>TOTAL</b>	<b>\$ _____</b>

**USE OF FUNDS**

**AMOUNT**

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
<b>TOTAL</b>	<b>\$ _____</b>