



Santa Rosa County Tourist Development Office
8543 Navarre Parkway
Navarre, FL 32566

Local Event/Marketing Application

Any organization requesting funding will be required to complete this form

Applicant Organization City of Milton

Contact Person Kyle Kemp Title Event Coordinator

Organization Address 5629 Byrom St

City Milton State FL Zip 32570 Phone (850) 983-5466

Email Address: kyle.kemp@ci.milton.fl.us Web Address: ci.milton.fl.us

Cell (850) 221-4326 Organization IRS Status municipal government

Name of Event or Project: Milton Riverwalk 5K

Has this project received grant funding from the SRC Tourist Development Council in the past? No

If yes, when and how much and what year? _____

If yes, what is the room history of the event? # of rooms _____ # of nights _____

2016/2017 Event Request Details

Location of Event or Project: downtown Milton, FL

Date(s) of Event or Project: Friday, October 1, 2016

Detailed Explanation of the Project: The Milton Riverwalk 5K is a 5K run/walk that showcases the scenic and historic downtown Milton district. The event targets people of all ages and skill levels. Depending on registration details, the race costs \$15-25 to take part in.

Total Budget of Event: \$ 10,000
 (A budget with anticipated revenue and expenses is required upon submittal of application)

Amount Requested: \$ 2,500

Intended use of Funds: Marketing, race day resources

Match Provide by Organization

In-kind description: N/A

Value of in-kind: \$ - Match dollars provided by your organization: \$ -

In- Kind Definition – Make up of something other than money; (of payment) given in the form of goods or services and not money.

Projected Attendance: 500 Projected Number of Out of Town Visitors: 150

What are the goals and objectives for this event for which you are applying for:

The goal of the event is to provide a fun, noncompetitive entertainment option for people of all abilities and ages. We strive to promote fitness in the community while showcasing the city to the visitors we draw in.

Describe how the effectiveness of this event will be measured:

Surveys distributed to competitors post event

How will the event/project benefit tourism in Santa Rosa County?

Events like 5Ks generally bring in a lot of out-of-town visitors who are interested in competing. Last year, the event brought in visitors from 7 different states, including Texas, Louisiana, Mississippi, Georgia, Alabama, and North Carolina.

What are the demographics of your targeted attendees (i.e. families, professionals, youth, etc. plus other demographic information as available):

We target almost every possible demographic. There are divisions for running, walking, and wheelchairs/handicapped. This allows almost all ages and athletic abilities take part in the event.

Anticipated number of vendors: 1

Will you survey the participants to capture data: yes

If no, how do you intended to collect data for reporting purpose: _____

Estimated Bed Tax Calculation

Estimated Number of
Visitor Rooms: 15

X

Estimated number of nights: 1

X

Estimated Room Rate
per Night*: 118

= 1,770

X .05 = \$ 88.50

Estimated Total Bed Tax Generated

*Use the following estimated rental rates to calculate bed tax estimates

- Spring (March 1-Memorial Day): \$151 per night
- Summer (Memorial Day – Labor Day): \$188 per night
- Fall (Aug. 31 – Nov. 1): \$118 per night
- Winter (Nov. 1 – Mar. 1): \$95 per night

Estimated Sales Tax Calculation

Estimated Number of Visitors: 150

X

Average Spending per out-of town
visitor per day including
transportation:

\$110

X

Estimated Number of Days
In County: 1

= 16,500

X .065 = \$ 1,072.50

Estimated Total Sales Tax Generated

Total Potential Tax Impact

Total Estimated Bed Tax Generated (from calculation above): \$ 88.50

Total Estimated Sales Tax Generated (from calculation above): \$ 1,072.50

Total Estimated Tax: \$ 1,161.00

Describe how financial resources will be monitored

The event coordinator will monitor all financial resources by tracking and maintaining revenue and expenditure spreadsheets.

Have you applied for an event permit? yes Are any licenses required? no

If so, list the required licenses and permits and attach copies to this application

Will you purchase event insurance? Yes / No, Carrier

Liability/Medical Insurance? Yes / No, Carrier

Please list the Event's Lodging and non-Lodging partners:

Lodging Partners

TBD

Non-Lodging Partners

Sam's Club

Santa Rosa Medical Center

Academy Sports

Anytime Fitness

Berryhill Eye Care

Pen-Air FCU

Gulf Power

Winn Dixie

First Baptist Church

Baptist Healthcare

Estimated Budget

Projected Income

	CASH	IN-KIND	
Entry Fees (participants)	\$ 8,000		
Admissions (spectators)	\$ 0		
Sales (merchandise, etc.)	\$ 0		
Sponsorships	\$ 5,000		
Other	\$ 0		
Local Event Marketing Funding	\$ 2,500		TOTAL INCOME
TOTAL	\$ 15,500	\$	\$ 15,500

Projected Expenses

	CASH	IN-KIND	
Contracted officials	\$ 2,000		
Operations	\$ 4,000		
Rentals/Equipment			
Food and Beverage	\$ 1,000		
Merchandise for Sale			
Souvenirs/Giveaways	\$ 2,500		
Print Marketing	\$ 500		
Online Marketing	\$ 500		
Television Marketing	\$ 0		
Radio Marketing	\$ 0		
Direct Mail Marketing	\$ 1,000		
Direct Sales Marketing	\$ 0		
Florida's Playground-Branded Promo Items/Prizes	\$ 1,000		
Site Fees			
Sanction Fees			
Concert/Performance Fees			
Other	\$ 500		TOTAL EXPENSES
TOTAL	\$ 13,000	\$	\$ 13,000

CERTIFICATION AND COMPLIANCE STATEMENT

APPLICANT:

I hereby certify that the information contained in this application is true and correct to the best of my knowledge and that I have read the policies and requirements of the Santa Rosa County TDC grants program and will abide by all legal, financial and reporting requirements as a condition of receiving grant funds from the Santa Rosa County TDC. Signatures must be original in blue ink.

Name: Kyle Kemp

Organization: City of Milton Parks and Recreation

Kyle Kemp
Signature

4/19/16
Date

Please return the original plus (4) four copies of the Application and the Certification & Compliance Page by **5 p.m. Tuesday, May 31, 2016** to:

Santa Rosa County Tourist Development Office
ATTN: Grants Program
8543 Navarre Parkway
Navarre, FL 32566

Application Check List

- Completed application (pages 4-9)
- Signed certification and compliance form (page 10)
- Copy of event license (if any)
- Copy of event permit (if any)
- Copy of event insurance (if any)
- Copy of liability insurance
- Anticipated budget, including detailed expenses and revenue
- Original and four copies of your complete application package (all items listed above)

CITY OF MILTON

(Billing code = UF)

APPLICATION FOR EVENTS/PARADES/FESTIVALS/SPECIAL ACTIVITIES

- 1. Application Date: 11/03/2015
- 2. Sponsoring Organization (USER) City of Milton Parks and Recreation
 - a. Non-Profit Address 5629 Byrom Street
 - b. Community Based Milton, FL 32570
 - c. Commercial
 - d. Private Citizen Phone # (850) 983-5466

- 3. Organization Point of Contact:
 - Name: Kyle Kemp
 - Phone #: (850) 983-5466 E-Mail: kyle.kemp@ci.milton.fl.us

- 4. Name of Activity: Milton's Riverwalk 5K
 - Parade Car/Motorcycle Show
 - Festival 5/10 K Race
 - Concert Other (please explain activity): _____
 - Tournament _____
 - Community Awareness _____

5. Date of Activity: Saturday, October 1, 2016

6. Time Frame of Activity: 5:00 pm - 6:00 pm

7. Location/Facility:

- North Riverwalk - \$100 North Willing Street (from 4:00 pm to 6:00 pm)
- South Riverwalk - \$100 South Willing Street (from 4:00 pm to 6:00 pm)
- South Riverwalk Pavilion - \$50 North Elmira Street (from _____ to _____)
- Event Area - \$100 South Elmira Street (from _____ to _____)
- Imogene Parking Lot
- Other: _____

8. Special Requests:

- Road Closure N/C Electrical Activation: \$75
- >24 Hr Docking at Riverwalk N/C Stage Rental: \$350
- Boating Restricted Areas Dumpsters (Delivery/Set Up) \$75 X # _____
- Parade Security & Clean up \$350 Extra Dump Fees (per dumpster) \$75 X # _____
- Crowd Control Barriers \$125 Trash Barrels \$5 X # _____
- Other Road closures: refer to course map (attached)

Tourism District Special Requests:

NOTE: Tourism District Special Requests applications must be received by the city sixty (60) days prior to the event.

1. I (We) hereby request waiver of the;
 Open Container Ordinance (Sec 6-27)
 Noise Ordinance (LDR Sec. III-5.16)
 Animal Control Ordinance (Sec 4-37(b))
 and/or other Ordinance _____

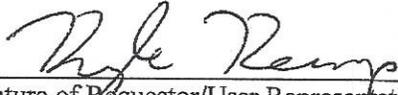
2. The location applied for is: Entire Tourism District

3. Time Period From: 4:30 pm to 6:30 pm

4. Event Security: Yes No
If yes, then who will provide the Security: Milton Police Department
Security Time Period From: 4:30 pm to 6:30 pm

The USER must agree to the following terms & conditions:

1. User shall supply and furnish all personnel, equipment, services and any other items the User deems necessary to the success of the User's event.
2. User shall assure that proper City Police protection and all governmental regulations pertaining to the scheduled event have been fully complied with.
3. You are reminded that City Ordinances PROHIBIT THE CONSUMPTION OF ALCOHOLIC BEVERAGES AT PARK FACILITIES.
4. User shall remove from property/streets, all equipment and items placed thereon by the User immediately following the event.
5. User shall accomplish reasonable clean-up of the area immediately following the event.
6. User shall be liable for any and all damages done to the property and area covered by this agreement, regardless of who causes such damage or how the damage is caused, during the period of use contained in this agreement. Further, the User shall agree to defend, indemnify and hold-harmless the City, its Officials, employees, and representatives for any and all claims caused by or arising out of, in whole or in part, the activities permitted by this agreement.
7. The User shall pay all fees prior to the event. No request for waiver of fees will be accepted.
8. User agrees to pay for extra dump fees if garbage pickup required during the event.
9. User must provide for liability insurance coverage (\$1 Million minimum) for the event.
10. Security arrangements can be made separately with Milton Police department.



Signature of Requestor/User Representative

CERTIFICATE OF COVERAGE

Certificate Holder

CITY OF MILTON
P.O. BOX 909
MILTON, FL 32572

Administrator

Issue Date 4/27/16

**Florida League of Cities, Inc.
Department of Insurance and Financial Services
P.O. Box 530065
Orlando, Florida 32853-0065**

COVERAGES
THIS IS TO CERTIFY THAT THE AGREEMENT BELOW HAS BEEN ISSUED TO THE DESIGNATED MEMBER FOR THE COVERAGE PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE COVERAGE AFFORDED BY THE AGREEMENT DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH AGREEMENT

COVERAGE PROVIDED BY: **FLORIDA MUNICIPAL INSURANCE TRUST**

AGREEMENT NUMBER: FMIT 0382 **COVERAGE PERIOD:** FROM 10/1/15 **COVERAGE PERIOD:** TO 10/1/16 12:01 AM STANDARD TIME

TYPE OF COVERAGE - LIABILITY

General Liability

- Comprehensive General Liability, Bodily Injury, Property Damage, Personal Injury and Advertising Injury
- Errors and Omissions Liability
- Employment Practices Liability
- Employee Benefits Program Administration Liability
- Medical Attendants'/Medical Directors' Malpractice Liability
- Broad Form Property Damage
- Law Enforcement Liability
- Underground, Explosion & Collapse Hazard

Limits of Liability

* Combined Single Limit
Deductible N/A

Automobile Liability

- All owned Autos (Private Passenger)
- All owned Autos (Other than Private Passenger)
- Hired Autos
- Non-Owned Autos

Limits of Liability

* Combined Single Limit
Deductible N/A

TYPE OF COVERAGE - PROPERTY

- Buildings**
 - Basic Form
 - Special Form
- Personal Property**
 - Basic Form
 - Special Form
- Agreed Amount
- Deductible \$2,500
- Coinsurance 100%
- Blanket
- Specific
- Replacement Cost
- Actual Cash Value

Miscellaneous

- Inland Marine
- Electronic Data Processing
- Bond

Limits of Liability on File with Administrator

TYPE OF COVERAGE - WORKERS' COMPENSATION

- Statutory Workers' Compensation
- Employers Liability
 - \$1,000,000 Each Accident
 - \$1,000,000 By Disease
 - \$1,000,000 Aggregate By Disease
- Deductible N/A
- SIR Deductible N/A

Automobile/Equipment - Deductible

- Physical Damage Per Schedule - Comprehensive - Auto Per Schedule - Collision - Auto Per Schedule - Miscellaneous Equipment

Other

* The limit of liability is \$200,000 Bodily Injury and/or Property Damage per person or \$300,000 Bodily Injury and/or Property Damage per occurrence. These specific limits of liability are increased to \$1,000,000 (combined single limit) per occurrence, solely for any liability resulting from entry of a claims bill pursuant to Section 768.28 (5) Florida Statutes or liability/settlement for which no claims bill has been filed or liability imposed pursuant to Federal Law or actions outside the State of Florida.

Description of Operations/Locations/Vehicles/Special Items

RE: Coverage Verification – For city sponsored events

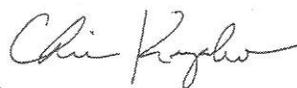
THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE AGREEMENT ABOVE.

Designated Member

City of Milton
P.O. Box 909
Milton FL 32572-0909

Cancellations

SHOULD ANY PART OF THE ABOVE DESCRIBED AGREEMENT BE CANCELED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 45 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED ABOVE, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE PROGRAM, ITS AGENTS OR REPRESENTATIVES.



AUTHORIZED REPRESENTATIVE