

City of
Gainesville
Parks, Recreation and Cultural Affairs

SPECIAL EVENT ADDITIONAL SUPPORT (SEAS)

FINAL REPORT

Grant Period: _____ to _____

Organization Name: _____

Address (Mailing): _____

City: _____ Zip Code _____ Email: _____

Amount of Grant: _____ Total Spent: _____

Program/Event Title: _____

Program/Event as described in application/contract: _____

Were there changes to the application/contract? YES NO

If yes, please explain the reason for the changes.

How was the City recognized/acknowledged as a contributor/sponsor? (Please attach documentation)

FINANCIALS

Please provide your actual costs for City Support Services below

| Service Type | Department/Division | What is Covered | Total Cost |
|---------------------|-------------------------------|--|------------|
| Event Site Staffing | PRCA | Fees related to staff required to be onsite for oversight of City property. | \$ |
| Site Clean-up | Parks Division | Removal of debris and trash from event site | \$ |
| EMS/Paramedic | Gainesville Fire Rescue | First aid and emergency response Required for all athletic events | \$ |
| Event Security | Gainesville Police Department | Police officers to roam site to mitigate public safety issues | \$ |
| Reserved Parking | | See no parking signs | \$ |
| Waste /Recycling | Solid Waste | Waste and recycle boxes | \$ |
| Street Closures | | Required items listed below | \$ |
| No Parking Signs | Traffic Division | Printed, laminated and placed. Signs will be in place the day before the event starts. | \$ |
| Traffic Control | Gainesville Police Department | Police officers to monitor vehicle and pedestrian traffic to mitigate public safety issues | \$ |
| TOTAL COST | | | \$ |

GRANT IMPACT

Please describe how this event benefited the community as a whole.

| How many individuals attended your event(s)? | | |
|---|---------------|-----------------|
| Type | Amount | Comments |
| Youth (Ages 0-17) | | |
| Adults (18-64) | | |
| Seniors (65 & up) | | |
| Total Attendance | | |

| Free/Paid Attendance | |
|-----------------------------|---------------|
| Type | Amount |
| Free Entry | |
| Paid/Ticketed Entry | |

If your event included any paid/ticketed attendees, please explain

| Participants/Volunteers/Vendors | | |
|--|---------------|-----------------|
| Type | Number | Comments |
| How many artists participated? | | |
| How many staff members were involved? | | |
| How many volunteers participated? | | |
| Total number of volunteer hours | | |
| Total number of vendor booths | | |

I certify that all information contained in this report is true and accurate.

Print Name of Authorized Official

Signature of Authorized Official Date

Email report to prcagrants@cityofgainesville.org
or mail to
City of Gainesville Cultural Affairs Division
P.O. Box 490, STA 30
Gainesville, FL 32627.