



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	\$
Barricades	Traffic Division	Type II and/or III barricades, cones and detour signs to reroute traffic	\$
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.