



BROWARD COUNTY
WORLD CUP MUNICIPAL EVENT SUPPORT GRANT PROGRAM APPLICATION

Applicant Name:	_____		
Address:	_____		FL
	City	State	ZIP
Contact Name:	_____	Title	_____
Contact Phone:	_____	Email:	_____

Event Scope: Provide a detailed description of the event, including but not limited to: event date(s), event location(s), planned activities, expected attendance, target audiences, community benefits, and anticipated economic or cultural impact. Please include how the event aligns with World Cup / Soccer related programming and any partnerships or collaborations involved.

Event Estimated Reimbursement Cost: Provide a detailed breakdown of all anticipated expenses associated with the event for which reimbursement will be requested. Each expense description should clearly identify the specific item or service, the purpose or use within the event, and the cost associated with that item. Examples may include (but are not limited to) equipment rentals, staging, supplies, or entertainment.

Expense Description	Estimated Cost
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
Total	\$

Event Match: Provide a detailed breakdown of all anticipated matched expenses associated with the event. Each expense description should clearly identify the specific item or service, the purpose or use within the event, and the cost associated with that item. Examples may include (but are not limited to) equipment rentals, staging, supplies, or entertainment.

Expense Description	Estimated Cost
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
Total	\$

Acknowledgement

By signing below, the Applicant acknowledges and agrees that submission of an application does not guarantee the award of any grant funds. County reserves the right, in its sole discretion, to approve or deny any application. The Applicant further acknowledges that any payment of grant funds is expressly conditioned upon the full execution of a grant agreement with the County and compliance with all terms and conditions set forth therein. The Applicant agrees that all eligible expenses submitted under this grant program must be matched on a one-to-one (1:1) basis. The Applicant further affirms that reimbursement shall be contingent upon the submission of complete and verifiable documentation, including, but not limited to receipts, invoices, and proof of payment, demonstrating that all expenditures were incurred and paid in accordance with program requirements. Failure to provide the required documentation or to comply with program requirements or the terms of the grant agreement may result in denial or reduction of reimbursement.

Authorized Signature: _____ Date: _____

Name: _____ Title: _____

FOR COUNTY USE ONLY

Date Received: _____	Reviewed By: _____
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Awarded Amount: _____
Comments: _____	