

Marketing & Event Sponsorship — Application Form

Marketing, Outreach & Engagement Division | SOP Effective Date: October 1, 2026

Complete all fields below. Attach a sponsorship packet detailing the event's benefits/exposure to Jacksonville / Visit Jacksonville.

1. ORGANIZATION & CONTACT INFORMATION

Organization / Applicant Name

Mailing Address

Contact Name

Title / Role

Phone

Email

2. EVENT / MARKETING INITIATIVE INFORMATION

Event / Initiative Name

Event Date(s)

Venue / Location (Duval County)

Number of Years Event Has Been Held (must not be a first-time event)

Brief Description of Event / Marketing Initiative

3. FUNDING REQUEST

Amount Requested (\$)

Est. Total Attendance

Est. Out-of-Market / Overnight Visitors

Requested Funding Level (office confirms against the SOP funding-level table)

Select level...

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4. ELIGIBILITY REQUIREMENTS (check all that apply — all are required)

- ☐ Event/initiative is located in Duval County.
- ☐ This is NOT a first-time event.
- ☐ Event demonstrates tourism benefit and potential to attract visitors from outside Duval County.
- ☐ Event provides marketing exposure for Visit Jacksonville and Jacksonville as a tourist destination.
- ☐ A sponsorship packet detailing benefits/exposure to Jacksonville/Visit Jacksonville is attached.

5. SUPPORTING INFORMATION (provide if available — strengthens the evaluation)

- ☐ Attendance numbers from prior years attached.
- ☐ Data/stats from similar events (this event or comparable events elsewhere) attached.
- ☐ Visitor origin data attached.
- ☐ Marketing plan for the event attached.

6. MARKETING & TOURISM DETAILS

Hotel / Lodging Impact (host hotels, room blocks, etc.)

Marketing Exposure to be Provided to Visit Jacksonville (logo placement, digital, print, signage, etc.)

7. EXEMPTION REQUEST (optional — see SOP Exemption Clause)

- ☐ Requesting consideration under the Exemption Clause for a significant tourism/marketing opportunity not fully captured by the standard evaluation matrix.

If checked, describe the significance and which exemption criteria apply

CERTIFICATION

I certify that the information provided in this application is accurate and complete to the best of my knowledge.

Authorized Signature

Date

Printed Name

Title