

# OC\_ TDT ARC \_ Venues & Capital Projects

---

*United Arts of Central Florida*

## *Introduction & Instructions*

---

### **Orange County's Tourist Development Tax Grant Application Review Committee Opens Window to accept applications April 1 through April 30, 2024**

#### **WHAT:**

Orange County's Tourist Development Tax Application Review Committee (ARC) will open its FY-2024 through FY-2028 (October 1, 2024 – September 30, 2028) application funding window for capital grants in excess of \$2 million and up to and including \$15 million on April 1, and will accept applications through April 30, 2024.

The ARC reviews grant applications and makes recommendations to the Tourist Development Council, with the final decision being made by the Orange County Board of County Commissioners. The applications and supporting materials will be accepted through **the United Arts Grants Portal**.

To be considered, qualified applicants must meet the minimum requirements listed below. A complete list of requirements is included with the grant application.

- The capital project grant request should be for a dollar amount in excess of \$2 million and up to and including \$15 million toward a project for the acquisition, construction, expansion, enlargement, renovation, and equipping of eligible facilities.
- The requested project funding must be for one or more fiscal years from October 1, 2024, through September 30, 2028.
- The project must meet the **statutory guidelines for the Tourist Development Tax**.
- The project must be located entirely within Orange County.

Through a new service agreement, training and application support for applicants will be available through United Arts. There are two initial grant application information sessions for interested organizations.

In addition to attending an information session, applicants are encouraged to **contact United Arts** with questions prior to applying. United Arts Staff will be available for questions until April 29 at 5 p.m. and can be reached via email at **Outreach@UnitedArtsCFL.org** or by calling (407) 628-0333.

For technical assistance and ADA accommodations, contact United Arts at **Outreach@UnitedArtsCFL.org** or (407) 628-0333.

More information regarding the Committee is available at <https://netapps.ocfl.net/arctdtgrants/tdtgrants>.

### Key Documents

- Guidelines including attachment checklist
- Question list
- Evaluation Matrix
- Certification

### Grant Portal Tips

- Only have Foundant open in one tab at a time on your computer. If more than one tab is open on a single computer, your changes will not save!
  - This does not impact having collaborators working on the grant at one time from different computers.
- For narrative questions, Rich Text has been enabled.
- Invite others from your organization or partners to collaborate with you on the application by hitting the blue collaborate button.
- Character Count - Character Counts have not been established for each question. The maximum character lengths is 10,000. There is **no expectation** that the full space is used.
- Applicant facing Foundant Tutorials can be found here.

## *Eligibility Screening*

---

### Who can apply for TDT Funding?

State law typically requires public ownership of facilities receiving TDT Funding. The County has had past preference for projects sponsored by governments and non-profit sponsorship groups.

One application per organization using a single application, for the same organization, project, site, or phase. A City government may make an application for more than one project as long as they are within separate and distinct departments and do not address the same facility, project, site or phase.

In the section below review the eligibility requirements for the Tourist Development Tax, Application Review Committee funding opportunity.

If you have any questions about the eligibility or your organization or capital project, please reach out to United Arts of Central Florida staff, at [Outreach@UnitedArtsCFL.org](mailto:Outreach@UnitedArtsCFL.org) or 407.628.0333.

## Organizational Eligibility\*

**Applicant (Project Sponsor) must be either:**

(a) A municipality/ city government located in Orange County

**OR**

(b) An organization that is:

- i. incorporated or authorized as a not-for-profit corporation as defined in Section 501(c)(3) or (4) of the Internal Revenue Code of 1954, AND designated as being in compliance with s. 170 of the Internal Revenue Code of 1954, at the time of application.

### Choices

Applicant is a 501(c)(3) or 501(c)(4) designated Not-for-Profit corporation

Applicant is a municipality/ city government located in Orange County

## In Good Standing\*

The applicant organization is in good standing pursuant to Chapter 617, Florida statutes; the Internal Revenue Service and Sunbiz. See Attachment B in Guidelines for more information.

### Choices

Yes, Applicant Organization is in good standing

No, Applicant Organization is not in good standing

## Facility Eligibility\*

The applicant's venue for a proposed capital improvement project must be located in Orange County, and must be one of the following:

- a. A convention center, museum, auditorium, sports facility, or other facility allowed in Section 125.0104 of the Florida Statutes governing TDT
- b. A facility that is owned and operated by a government entity;
- c. A facility that is owned by a government entity that is leased to a not-for-profit organization for operation as a facility open to the public;
- d. A facility that is owned by a not-for-profit organization situated on publicly owned property with a ground lease that meets the requirements of the "Checklist for Ground Lease" (found in Attachment D in the guidelines)
- e. A facility that is leased from a government entity that in turn has an eligible lease on the building from a private owner.

In the checkbox list, select the letter that matches the proposed capital improvement project.

### Choices

(a)

- (b)
- (c)
- (d)
- (e)

### Administrative and Legal Eligibility\*

- a. Have ownership or undisturbed use of the land and building, Public access must be allowed for the length of the required lease.
  - 1. For renovation and equipping requests, the facility must be in existence and meet both the applicant and lease eligibility requirements.
- b. Retain ownership of all improvements made under the grant (exception: land or building owned by Orange County and leased to an eligible applicant.
- c. Have satisfied the administrative requirements of any previous grants received through the County.
- d. Have a maintenance reserve in their budget and refrain from applying for on-going maintenance of current equipment.
- e. Provide at least one year of programming in Orange County attracting tourists.

### Choices

Authorized Agent understands and agrees that applicant organization meets above requirements.

### Statute Allowable Use\*

Section 125.0104, Florida Statutes, outlines the authorized uses of the Tourist Development Tax. The authorized uses for ARC TDT funds are listed below. Please check the box for the section that applies to your project.

To acquire, construct, extend, enlarge, remodel, repair, improve, maintain, operate, or promote one or more of the following facilities *located within Orange County*:

- (1) Publicly owned and operated convention centers, sports stadiums, sports arenas, coliseums, or auditoriums;
- (2) Auditoriums that are publicly owned but are operated by organizations that are exempt from federal taxation pursuant to 26 U.S.C. s. 501(c)(3) and open to the public; or
- (3) Aquariums or museums that are publicly owned and operated or owned and operated by not-for-profit organizations and open to the public.

From the dropdown menu below please select the number that corresponds to the statute allowable use for the project being proposed.

### Choices

- (1)
- (2)
- (3)

## Project Funding Scope\*

### Choices

Yes. Is in excess of \$2 million and up to and including \$15M.

No, the project is \$2 million or less in estimated cost.

## Land and Building Use\*

The project sponsor (applicant) has ownership or undisturbed use of the land and building; public access must be allowed for the length of the required lease.

### Choices

Yes

No

## Renovation or Equipping Requests

For renovation or equipping requests, the facility must be in existence and meet both the applicant and lease eligibility requirements.

### Choices

Yes

No

## Ownership of Improvements

Retain ownership of all improvements made under the grant (exception: land or building owned by Orange County and leased to an eligible applicant).

### Choices

Yes

No

## Confirmation of Reading Guidelines\*

Please confirm you have carefully read the TDT Notification of Funding and Guidelines Capital Projects and Venues) Additional information and Clarifications (Attachment A to F) included in the Guidelines packet.

Key Document Guidelines Packet.

### Choices

Yes - applicant confirms they have carefully read the guidelines and additional information.

## *Section 1: Preliminary Information*

---

### Tax Exempt Organization\*

Is the organization Tax Exempt

### Choices

No

Yes

**Tax Code Status\***

What is the Tax Code Status of the applying entity (project sponsor)

*Character Limit: 20*

**Federal ID Number\***

What is your Federal ID# as it appears on Form W-9

*Character Limit: 20*

**Company/ Organization Name\***

Input the name of the company, organization or entity that is applying for funding.

*Character Limit: 250*

**Address\***

In the text box below, input the address of the applicant organization (if mailing address is different from physical address, please include both)

Include Building Number, Street Name, City, Zip Code and State

Also include the physical address of the facility / venue that is the subject of this proposal.

*Character Limit: 10000*

**Organization Website\***

*Character Limit: 2000*

**Authorized Agent Name\***

*Character Limit: 250*

**Authorized Agent Title\***

*Character Limit: 250*

**Authorized Agent Email\***

*Character Limit: 254*

**Application Contact Person Name\***

*Character Limit: 250*

**Application Contact Person Title\***

*Character Limit: 250*

**Application Contact Person Email\***

*Character Limit: 254*

### Phone Number Type\*

#### Choices

- Work
- Home
- Mobile
- Other

### Primary Phone Number\*

Application Contact Person Phone  
Format (333) 333-3333

*Character Limit: 15*

### Venue/ Capital Project Website

*Character Limit: 2000*

### Orange County Employment\*

Do any employees of your organization work in **any** capacity for Orange County Government?  
**Note:** any unresolved conflict of interest of conflict not reported in advance may result in the termination of the contract.

Learn more about ethics at <http://www.ethics.state.fl.us/> and at Orange County Vendor Ethics and Services

Learn about the County lobbying ordinance at:  
<http://www.orangecountyfl.net/OpenGovernment/LobbingAtOrangeCounty.aspx>

#### Choices

- No
- Yes

## *Section 2: Venue/ Project Information*

---

### Project Name\*

*Character Limit: 100*

### Venue/Project Location\*

From the dropdown menu select the Project's Orange County District Number and Commissioner's Name. Click on the link to learn more about the Board of Commissioners.

### Choices

- District 1 - Nicole H. Wilson
- District 2 - Christine Moore
- District 3 - Mayra Uribe
- District 4 - Maribel Gomez Cordero
- District 5 - Emily Bonilla
- District 6 - Michael "Mike" Scott

### Facility Ownership\*

Who owns the facility?

*Character Limit: 250*

### Land Ownership\*

Who owns the land?

*Character Limit: 250*

### Approved Land Use\*

Is the Land Use Approved?

#### Choices

- Yes
- No

### Total lease Term

If it is leased to the applicant, how long is the lease term?

*Character Limit: 100*

### Total lease Term Remaining

If leased to the applicant, how long is the remaining term of lease?

*Character Limit: 100*

### Status of Site Work\*

What is the status of site work required?

*Character Limit: 10000*

### Real Estate Lawyer

Are you consulting a real estate lawyer?

#### Choices

- Yes
- No

### Purpose\*

From the checklist, select the purpose of the proposed project.

#### Choices



Acquire  
Construct  
Extend  
Enlarge  
Remodel  
Repair  
Improve  
Maintain  
Operate  
Promote

**Building Age\***

What is the age of the building referenced in this application (new construction up to historic facility)?

*Character Limit: 250*

**Special Approvals\***

Are there any special approvals needed (historical, environmental, governmental, etc.)?

*Character Limit: 10000*

**Third Party Contingencies\***

Are there any third-party contingencies?

*Character Limit: 10000*

**Professional Team\***

Describe the professional team of architects, engineers, owner's reps, construction firms etc. you have working on the project.

*Character Limit: 10000*

**Feasibility Study\***

Does the project have a feasibility study to submit?

**Choices**

Yes  
No

**Required Permitting\***

Describe the status of the required permitting, design work, and plans. Also, include any construction work already performed

*Character Limit: 10000*

**Construction Timeline and Milestones\***

Provide the construction timeline and milestones for the proposed project

*Character Limit: 10000*

### Operating Proforma\*

Please provide an operating pro forma for the next five years of project operating (following construction or renovation project completion) to show how the facility operations will be funded and the funding of renovations and maintenance costs of the facility.

*File Size Limit: 2 MB*

### Project Start Date\*

The project window for this funding cycle is October 1 2024 - September 30 2028

*Character Limit: 10*

### Project Completion Date\*

The project window for this funding cycle is October 1 2024 - September 30 2028

*Character Limit: 10*

### Hotel Tax Exempt Patrons

If you believe that any potential patrons would be exempt from paying hotel occupancy tax, please explain.

*Character Limit: 10000*

### Tenant Information -

If the facility will have primary tenants or entertainment series affiliations, please describe the tenant and secondary tenant information

### Primary Tenant Information\*

Please provide the below estimated figures for the primary venue Tenant

- (a) Name(s) of Tenant(s):
- (b) Contact Information/website
- (c) Number of Annual Events
- (d) Projected Avg. Event Attendance
- (e) Project Room Nights Per Primary Group Event(s):

Please attach a calendar of finalized/ potential events

Please provide room night and attendance calculation methodologies and confirmation in the form of surveys, audits, room contracts or receipts, ticket sales or other projection methods

*Character Limit: 10000 | File Size Limit: 1 MB*

### Secondary Tenant #1 Information

Please provide the below estimated figures for the secondary venue Tenant

- (a) Name(s) of Tenant(s):
- (b) Contact Information/website

- (c) Number of Annual Events
- (d) Projected Avg. Event Attendance
- (e) Project Room Nights Per Primary Group Event(s):

Please attach a calendar of finalized/ potential events

Please provide room night and attendance calculation methodologies and confirmation in the form of surveys, audits, room contracts or receipts, ticket sales or other projection methods

*Character Limit: 10000 / File Size Limit: 1 MB*

## Secondary Tenant #2 information

Please provide the below-estimated figures for the secondary venue Tenant

- (a) Name(s) of Tenant(s):
- (b) Contact Information/website
- (c) Number of Annual Events
- (d) Projected Avg. Event Attendance
- (e) Project Room Nights Per Primary Group Event(s):

Please attach a calendar of finalized/ potential events

Please provide room night and attendance calculation methodologies and confirmation in the form of surveys, audits, room contracts or receipts, ticket sales or other projection methods

*Character Limit: 10000 / File Size Limit: 1 MB*

If expected major events in the facility are known or under contract, please provide the information below

## Major Event #1 Information

Please provide the below-estimated figures for a major venue event:

- (a) Name of Tenant
- (b) Contact information / Website
- (c) Number of Annual Events
- (d) Projected Avg. Event Attendance
- (e) Projected Room nights per event

Please provide room night and attendance calculation methodologies and confirmation in the form of surveys, audits, room contracts, or receipts. ticket sales, or other projection methods.

*Character Limit: 10000 / File Size Limit: 1 MB*

## Major Event #2 Information

Please provide the below-estimated figures for a major venue event:

- (a) Name of Tenant
- (b) Contact information / Website
- (c) Number of Annual Events
- (d) Projected Avg. Event Attendance
- (e) Projected Room nights per event

Please provide room night and attendance calculation methodologies and confirmation in the form of surveys, audits, room contracts, or receipts. ticket sales, or other projection methods.

*Character Limit: 10000 / File Size Limit: 1 MB*

## Target Audiences\*

What are the target audiences for the facility?

*Character Limit: 10000*

## Hotel Room Night Rebates\*

Do contracts include hotel room night rebates?

### Choices

Yes

No

Unsure

## Rebate Per Room Night

If answered yes to the question above, please list the amount of the rebate per room night.

*Character Limit: 20*

## Projected Room Nights

How many annual room nights do you project this venue will bring to Orange County?

*Character Limit: 250*

## Guaranteed Room Nights

How many annual room nights do you guarantee this venue/project to bring to Orange County?

*Character Limit: 250*

## Hosting Third Party Events

If the facility plans on hosting a substantial number of third-party events, please explain your acquisition plan.

*Character Limit: 10000*

## Expected Event Attendee Origin

- **Local** - Orange, Osceola, Lake, Polk, Brevard, Seminole, and Volusia Counties

- **Non-local, In-State** -- Attendees from remaining FL Counties
- **Out of State**

### Event Attendees Origin

Percentage of expected event attendees that are local.

*Character Limit: 40*

### In-State , Non Local

Percentage of expected event attendees that are In-state, Non Local

*Character Limit: 40*

### Expected Attendees - Out of State

Percentage of expected event attendees whose origin would be out of state

*Character Limit: 40*

### Methodology Attendance and Room Night\*

How do you intend to provide a valid estimated count of attendance and room nights for each event at this venue?

*Character Limit: 10000*

### Job Creation

In the table below, enter the following information.

For two phases: (1) Construction phase and (2) Operating phase enter the number of full-time and part-time jobs to be created from project.

<b>Phase 1: Full-Time Construction Jobs Created</b>	
<b>Phase 1: Part-Time Construction Jobs Created</b>	
<b>Phase 2: Full-Time Operating jobs Created</b>	
<b>Phase 2: Part-Time Operating Jobs Created</b>	

### Supporting Development\*

How will this project drive or support development in the surrounding area, including attracting new businesses and/or supporting recruitment efforts of the surrounding business community?

*Character Limit: 10000*

### TDT Funding Request Amount\*

Total amount of TDT of grant funding being requested from the County TDT for this project?

*Character Limit: 20*

### Funding Timeline\*

Provide the timing of the funding needed during the project timeline. The funding window for this Funding Opportunity is October 1 2024 - September 30 October 2028.

Using the rich text editor (Bold, Italicized, Underlined) separate funding years.

*Character Limit: 10000*

### Multi-phase Project\*

Indicate if this is part of a larger, multi-phase project

#### Choices

Yes, it is part of a larger multi-phase project

No, It is not part of a larger multi-phase project

### Total Project Amount

Include the Total Project Amount below if this request is part of a larger multi-phase project.

*Character Limit: 20*

### Use of Funds\*

Please remember to attach itemized expenditures to be funded by the grant. Attach a complete proforma budget for the project including a listing of all anticipated funding sources and expenditures.

Will you be partnering for promotion with Visit Orlando or another local agency or group?

*Character Limit: 10000 | File Size Limit: 1 MB*

### Government Funding Support\*

List All other actual or potential city/county/state/ federal funding sources for this project including:

- Visit Orlando
- Visit Florida
- Central FL Sports Commissions
- Parks & Recreation Department
- Department of Cultural Affairs
- Orange County Cultural Tourism
- Etc.

**Note:** Failure to disclose other funding sources may result in denying future TDT funding of facility/ venue projects

*Character Limit: 10000*

**Non-Governmental Funding Support\***

List all other non-governmental contributors, sponsors, and sources of funding for this project other than TDT from Orange County.

**Note:** Failure to disclose other funding sources may result in denying future TDT funding of facility/ venue projects

*Character Limit: 10000*

**Additional Funding Sources**

What additional sources of funding have you sought or do you intend to seek outside of those listed above?

**Note:** Failure to disclose other funding sources may result in denying future TDT funding of facility/venue projects.

*Character Limit: 10000*

**Past Florida TDT Funding**

If applicable, in the table below list past Florida TDT Funding (to include each with Florida County, amount requested, amount granted, amount spent and purpose).

County and Year	Amount Requested	Amount Awarded	Amount Spent	Purpose

### Section 3: Venue Marketing and Economic Impact Details

#### Venue Marketing and Advertising Plan

What are your marketing and advertising plans (local, regional, national, and or international)? Will you partner for promotion with Visit Orlando or another local agency or group? Please see attachment F for more information.

Character Limit: 10000

#### Security Plans

Please describe security plans after the facility opens (including anticipated cost) as it relates to the need for private security or public/ law enforcement availability.

Character Limit: 10000

#### Annual Economic Impact for Orange County\*

Character Limit: 20

### Section 4: Budget Recap

Applicants can use other forms of Budget they may already have from credible sources [quotes, bids, contracts, etc.], so long as the information below is provided at a minimum.

**Note:** Failure to disclose other funding may result in denying future TDT funding of facility/ venue projects

#### Total Income - Tourist Development Tax funding

- Contributors, sponsors and other funding sources (include in-kind)
- Total Contributor/sponsor funds
- Room Night Rebates
- Other Income sources (I.e.,) capitalized ticket surcharges, seat license fees, naming rights, pouring rights, advertising revenues etc.)
- Total other income
- Total income

Income Type	Income Source	Income Amount
TDT Funding		



<b>Contributed</b>		
<b>Contributed</b>		
<b>Contributed</b>		
<b>Contributed</b>		
<b>Contributed</b>		
<b>Contributed</b>		
<b>Contributed</b>		
<b>Contributed</b>		
<b>Contributed</b>		
<b>Contributed</b>		
<b>Contributed</b>		
<b>Total Contributed Sponsor Funds</b>		
<b>Room Night Rebates</b>		
<b>Other Income</b>		
<b>Other Income</b>		
<b>Other Income</b>		

Other Income		
Other Income		
Other Income		
Other Income		
Other Income		
Other Income		
Other Income - Subtotal		
Total Income		

**Project Funding Narrative\***

Describe the project funding contingency, available financial reserves, and insurance protections.

**Note:** See Attachment E of the Guideline Document for Insurance Protection Information

*Character Limit: 10000*

**Section 5: Expenses**

Applicants can use other forms of budget they may already have from accredited sources, so long as the information below is provided at a minimum.

**Expenses**

Applicants can use other forms of budget they may already have from accredited sources, so long as the information below is provided at a minimum.

- Please list ALL Project Expenses and indicate which items will utilize TDT Funds (Please attach any additional expenses)

- Total Expenses

Expense Name	Expense Amount	TDT Funds Utilization

*Required Attachments*

---

**Articles of Incorporation**

Attach Articles of Incorporation document (except government entities)

*File Size Limit: 1 MB*

### **Tax ID or IRS Tax Exempt Determination Letter**

Attach your TAX ID or IRS tax-exempt determination letter

*File Size Limit: 1 MB*

### **Organizational Outline**

Attach the organizational outline of the application entity. This includes but is not limited to the names and addresses of each board member and corporate officer (except government entities)

*File Size Limit: 1 MB*

### **TDT Final or Interim Report (For past TDT Recipients only)**

Attach a previous TDT Final Report or Interim Report if applicable.

*File Size Limit: 1 MB*

### **Project Income and Expense**

Upload any project income or expense information that did not fit in the tables provided, or if applicant organization if not using the space provided.

*File Size Limit: 1 MB*

### **Form 990s**

Attach the two most recent Form 990s completed for your organization if applicable to organizational entity type.

*File Size Limit: 2 MB*

### **Audited Financial Statements**

Upload Applicants' most recently completed Audit (along with management letter and organization response if applicable).

*File Size Limit: 3 MB*

### **Feasibility Study\***

Please provide any applicable feasibility study.

*File Size Limit: 3 MB*

### **Budget\***

Upload the Complete Project Budget

*File Size Limit: 2 MB*

### **Partner & Collaborative Agreements**

As one file, upload all written agreements involving media, hotels/motels, and venue contracts/leases

*File Size Limit: 2 MB*

### Site designs, blueprints, or facility footprint\*

Attach site designs, blueprints, or facility footprints. Do not try to attach full size renderings. Submit 360dpi (print quality) photos or scans. Also add more than one in a document to upload several into one file upload spot.

*File Size Limit: 3 MB*

### Support Documents

As one file, upload three support documents (Letters of recommendation, programs, brochures, media articles, etc).

*File Size Limit: 4 MB*

## Section 6: Certifications

---

I have reviewed this GRANT Application hereby submitted to Orange County. I am in full agreement with the information contained in this submitted application and its submitted attachments as accurate and complete. I further acknowledge my understanding that the County in Making a capital grant does not assume any liability or responsibility for the ultimate viability, suitability, or financial profitability of the capital project for which the grant is awarded. The County, unless otherwise specifically stated, is only a financial contributor to the project and not a promoter or co-sponsor and will not guarantee or be responsible or liable for any debts or financial liability incurred for or arising from such project. All third parties are hereby put on notice that the County will not be responsible for payment of any costs or debts for the project that are not paid by the grant applicant.

### Certifications\*

I understand the above guidelines and agree to comply with them. I understand full receipt of grant funding is based upon the organization's compliance with all regulations.

#### Choices

Yes, I understand and agree

### Authorized Agent Signature\*

*Character Limit: 250*

### Authorized Agent Title\*

*Character Limit: 250*

### Date of Certification\*

*Character Limit: 10*