

**GREEN BAY/BROWN COUNTY  
PROFESSIONAL FOOTBALL STADIUM DISTRICT**

**EVENT SCORE SHEET**

Event: Click here to enter text.

Sponsor: Click here to enter text.

Type of Event: Click here to enter text.

Event Date(s): Click here to enter text.

Number of Days: Click here to enter text.

Venue(s): Click here to enter text.

Attendance/Participants: Click here to enter text.

Estimated Room Nights: Click here to enter text.

Estimated Economic Impact: Click here to enter text.

Funding Requested: Click here to enter text.

Use of Funds: Click here to enter text.

Bid Due Date: Click here to enter text.

Bid Award Date: Click here to enter text.

Funds Needed Date: Click here to enter text.

Requested Funds Available (check one): Yes  No

Venue Available (check one): Yes  No

CRITERION	(check one)		COMMENTS
	SATISFACTORY	NEEDS IMPROVEMENT	
Name/Type of Event	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
Event Dates/Length of Event	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
Number of Attendees/Participants:	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
• In County	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
• Out-of-County	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
Event Budget:	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
• District Fund Balance	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
• Bid Fee/Incentive Required	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
• Risk Sharing/Matching Funds	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
• Revenue/Fund Replenishment	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
Relationship to Titledown District	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
Estimated Room Nights	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
Conflict with Other Events	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
Economic Impact	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
Earned Media	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
Other Factors:	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
• Time of Year	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
• Likelihood of Recurrence	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
• Event Planning	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.

Executive Director's Recommendation (check one): Approve:

Deny: