

LODGING TAX FUNDING APPLICATION FOR 2020

Project Title: _____ Date of Event: _____

- Type of Project: Cost of Tourism Promotion
 Economic activity such as overnight lodging, meals, tours, gifts or souvenirs
 Marketing & Operations of Special Events/Festivals
 Tourism Facility
 Operation of tourism-related facility

Organization: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Website: _____

- Organization is: Non-profit Public Agency For Profit
 501(c)(3)
 501(c)(6)

Has organization received Lodging Tax Funding in previous years: Yes No

Contact Person: _____

Telephone: _____ E-mail: _____

Lodging Tax Funds Requested		Applicant's Match (or In-Kind)		Total Project Budget
\$ _____	+	\$ _____	=	\$ _____

Beginning Date: _____ Ending Date: _____

Short Summary: Please provide a short summary of how the Lodging Tax Funds will be used.

COMMUNITY ECONOMIC IMPACT

Please fill out the following chart with the number of people predicted to attend the event/activity. If funds are received, a follow-up report will need to be completed after the event/activity containing the actual numbers for the following categories.

Category	Explanation	Predicted Number
Overall Attendance	Enter the total number of people predicted to attend this activity.	
Attendance, 50+ Miles	Enter the number of people who travelled greater than 50 miles predicted to attend this activity	
Attendance, Out of State, Out of Country	Enter the number of people from outside the state and country predicted to attend this activity.	
Attendance, Paid for Overnight Lodging	Enter the number of predicted to attend this activity and pay for overnight lodging.	
Attendance, Did Not Pay for Overnight Lodging	Enter the number of predicted to attend this activity and spend the night without paying for overnight lodging.	
Paid Lodging Nights	Total projected number of paid lodging nights. (One lodging night = one or more persons occupying one room for one night.)	

How will moneys received result in increases in the number of people traveling for business or pleasure on a trip:

RESOURCES AVAILABLE FOR EVENT OR FACILITY

What alternatives to using Lodging Tax Funding have been explored in the last 12 months and what were the results?

PROJECT TIME LINE

In the space provided below, please provide a project schedule, identifying relevant milestones.

Beginning date: _____

Key interim dates: _____

Ending date: _____

What measures will you apply to evaluate the project's success? _____

PROJECT BUDGET

Please detail the budget for your project. While matching funds are not required, the amount of additional funds, supplies, materials and staff/volunteer time an organization brings to an event is a good measure of that organization's commitment to success.

Projected Expenses:	<u>Lodging Tax Request</u>	+	<u>Applicant's Match (or In-Kind)</u>	=	<u>Total Expenses</u>
<i>Personnel (salary+benefits)</i>					
_____	\$ _____	+	\$ _____	=	\$ _____
_____	\$ _____	+	\$ _____	=	\$ _____
_____	\$ _____	+	\$ _____	=	\$ _____
<i>Advertising (list each type)</i>					
_____	\$ _____	+	\$ _____	=	\$ _____
_____	\$ _____	+	\$ _____	=	\$ _____
_____	\$ _____	+	\$ _____	=	\$ _____
_____	\$ _____	+	\$ _____	=	\$ _____
<i>Contract services</i>	\$ _____	+	\$ _____	=	\$ _____
<i>Copies/printing</i>	\$ _____	+	\$ _____	=	\$ _____
<i>Equipment</i>					
_____	\$ _____	+	\$ _____	=	\$ _____
_____	\$ _____	+	\$ _____	=	\$ _____
_____	\$ _____	+	\$ _____	=	\$ _____
_____	\$ _____	+	\$ _____	=	\$ _____
<i>Postage</i>	\$ _____	+	\$ _____	=	\$ _____
<i>Rental space costs</i>	\$ _____	+	\$ _____	=	\$ _____
<i>Supplies</i>					
_____	\$ _____	+	\$ _____	=	\$ _____
_____	\$ _____	+	\$ _____	=	\$ _____
_____	\$ _____	+	\$ _____	=	\$ _____
_____	\$ _____	+	\$ _____	=	\$ _____
<i>Travel</i>	\$ _____	+	\$ _____	=	\$ _____
<i>Utilities</i>					
_____	\$ _____	+	\$ _____	=	\$ _____
_____	\$ _____	+	\$ _____	=	\$ _____
_____	\$ _____	+	\$ _____	=	\$ _____
<i>Other (name)</i>					
_____	\$ _____	+	\$ _____	=	\$ _____
_____	\$ _____	+	\$ _____	=	\$ _____
_____	\$ _____	+	\$ _____	=	\$ _____
_____	\$ _____	+	\$ _____	=	\$ _____
TOTAL EXPENSES	\$ _____	+	\$ _____	=	\$ _____

Must match Total Project Budget amounts on page 1

(Project Budget continued from previous page)

Projected Revenue:

	<u>Lodging Tax Request</u>	+	<u>Applicant's Match (or In-Kind)</u>	=	<u>Total Revenues</u>
Dues			\$ _____	=	\$ _____
Fundraising			\$ _____	=	\$ _____
Government					
City (your requested \$)	\$ _____			=	\$ _____
County			\$ _____	=	\$ _____
State			\$ _____	=	\$ _____
Other (list)					
_____			\$ _____	=	\$ _____
_____			\$ _____	=	\$ _____
_____			\$ _____	=	\$ _____

TOTALS REVENUE \$ _____ + \$ _____ = \$ _____

**Must match Total Expenses on bottom of page 4
and
Total Project Budget amounts on page 1**

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The undersigned acknowledges that he or she is acting on behalf of the named organization and the organization is a legal entity of the State of Washington. He or she also certifies that the information contained in this application is true, correct and complete to the best of his or her knowledge and belief. The undersigned will also be available to supply any additional information as desired by the Mayor and/or City Council in considering this application.

Signature

Date

Print Name

Title