



City of Port Orchard Lodging Tax Application

For Budget Year: 2018	Available Funding: \$91,000	Application Deadline: September 5, 2017 by 4:00 p.m.
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Applicants may consist of convention and visitors bureaus, destination marketing organizations, nonprofits, including main street organizations, lodging associates, or chambers of commerce, and additionally the cities or towns themselves.

Please read carefully and include all information. Omitting requested information could result in having your application denied. Keep your answers clear, concise, and to the point of the question. **Do not include presentation materials, as these materials are more appropriate to be used as part of your oral presentation. Do not include brochures or information not related to your project or request.**

Submit completed signed application to the City Clerk’s office by the **application deadline listed at the top of this application**. Mailing address: City Clerk’s Office, City of Port Orchard, Port Orchard, WA 98366. Email address: cityclerk@cityofportorchard.us.

NO LATE APPLICATIONS WILL BE ACCEPTED. Even if postmarked earlier, applications will not be accepted if received after the application deadline.

1. Applicant Information

Organization Name					
Street Address			Mailing Address (if different from street address)		
City	State	Zip	City	State	Zip
Phone	Fax		Name of Executive Director/President		

Type of Organization: Nonprofit _____ Government Agency Other _____

Funding Requested for (*choose one*): Event Marketing and Operations of Events Tourism Marketing

Are you a first-time participant? Yes No

2. Applicant Contact Information

Name	Position/Title
Phone	Email Address

3. Overall Event or Project Detail (please attach additional paperwork if needed)

Title _____

Amount of funding requested \$	Total Overall Event or Project Amount \$
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A. Describe your overall event or project.

B. Describe how your overall event or project will provide a community economic benefit.

C. Please describe how you will measure the impact your overall event or project will have on tourism or projected increase in tourism. Please be specific and provide examples.

4. Overall Event or Project Budget Summary

A. Describe, and be specific, on what you would spend the requested lodging tax funds on.

B. Income Other Than Lodging Tax (from sponsorships, grants, donation and admission fees)
If you anticipate receiving partial funding for this activity from another source, please list the source(s) approximate amount, and status of funding. Indicate the entry or admission fee if one will be charged.

SOURCE	AMOUNT	Confirmed or Projected? If projected, what is the anticipated receipt date?
	\$	
	\$	
	\$	
	\$	
TOTAL:	\$	

c. Other Expenses of Overall Event or Project (Only complete below boxes that are applicable to your overall event or project)

	City (LTAC) Funds	Other Funds	Total
Personnel (salaries & benefits)	\$	\$	\$
Administration (office expenses including copies, rent, janitor, utilities, phone, taxes, supplies, etc.)	\$	\$	\$
Marketing/Promotion	\$	\$	\$
Travel	\$	\$	\$
Other Activities <i>Explain:</i>	\$	\$	\$
TOTAL COSTS	\$*	\$	\$

*City Lodging Tax funds would represent what percentage of your overall budget? _____%

Can you operate this project with reduced funding? Yes No If yes, explain below:

d. Other Financial Information

Does your overall event or project have provisions (or plans) for becoming less dependent on Lodging Tax funding? (Meaning does the overall event or project have the ability to increase revenue by charging admission, increasing fees, etc.)

If not, what are your challenges of generating new revenues:

5. Estimated Numbers of Increased Tourism

If you received lodging tax funds last year, you must attach last year's reporting

Applicants applying for use of LTAC funds must provide estimates of how it will result in increases in the number of people traveling for business or pleasure on a trip as required by RCW 67.28.1816:

	Projected	Actual ¹	Methodology ¹
Overall Attendance:			
Attendees who traveled 50 miles or more to attend:			
Total:			
Of total, attendees who traveled from another state or country:			
Attendees who stayed overnight:			
Paid accommodations:			
Unpaid accommodations:			
Paid Lodging nights:			

¹ Actual numbers will be required to be reported to the City in 2019.

The applicant hereby certifies and confirms that it does not now nor will it during the performance of any contract resulting from this proposal unlawfully discriminate against any employee, applicant for employment, client, customer, or other person(s) by reason of race, ethnicity, color, religion, age, gender, national origin, or disability. That it will abide by all relevant local, state, and federal laws and regulations. That it has read and understands the information contained in this application for funding and is in compliance with the provisions thereof, and; that the individual signing below has the authority to certify to these provisions for the applicant organization, and declares that he/she is an authorized official of the applicant organization, is authorized to make this application, is authorized to commit the organization in financial matters, will assure that any funds received as a result of this application are used for the purposes set forth herein, and verifies that all the information contained in this application is valid and true to the best of his/her knowledge.

Certified By: Signature		Date
Print or Type Name	Title	