

City of Port Orchard Lodging Tax Application

For Budget Year:	Available Funding:	Application Deadline:
2019	\$TBD	August 20, 2018 by 4:00 p.m.

Projected 2019/2020 lodging tax fund allocation will be provided no later than August 30, 2018

Applicants may consist of convention and visitor's bureaus, destination marking 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 str	eet addres	s)
City	State	Zip	City		State	Zip
Phone	Fax	1	Name of Executive	Director/Presiden	it	
Type of Organization: Nonp	rofit	□ @	Government Agency	□ Other		
Funding Requested for (<i>choose one</i>):		ons of Events	Tourism Mar	rketing		
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)

Tit	Title					
Am	Amount of funding requested \$ Total Overall Event or Project Amount \$					
Α.	A. Describe your overall event or project.					
в.	B. Describe how your overall event or project will provide a community economic benefit.					
C.	Please describe how you will measure the impact your ov projected increase in tourism. Please be specific and prov					
	projected increase in tourism. Please be specific and prov	nue 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 that you are seeking funds for.)

	Proposed City (LTAC) Funds	Other Committed Funds	Total	
Operations (postage, fuel, permits, etc.)	\$	\$	\$	
Event Marketing	\$	\$	\$	
Tourism Marketing	\$	\$	\$	
Other Activities Explain:	\$	\$	\$	
TOTAL COSTS	\$*	\$	\$	

*City Lodging Tax funds would represent what percentage of your overall budget?	%
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Can you operate this project with reduced funding? Yes	🗆 No	If yes, explain below:
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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 o	r 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	