

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 street address) | | | |
| City | State | Zip | City | | State | Zip |
| Phone | Fax | | Name of Executive | Director/Preside | nt | |
| Type of Organization: ☐ Nonportation ☐ Nonportatio | | | | | | |
| Are you a first-time participant? | □ Yes | □ No | | | | |
| 2. Applicant Contact Informa | tion | | | | | |
| Name | | | Position/Title | | | |
| Phone | | | Email Address | | | |

| mount of funding requested \$ Total Overall Event or Project Amount | |
|--|------------|
| | t \$ |
| A. Describe your overall event or project. | |
| | |
| | |
| 3. Describe how your overall event or project will provide a community economic benefit. | |
| | |
| | |
| Please describe how you will measure the impact your overall event or project will have on touri projected increase in tourism. Please be specific and provide examples. | sm or |
| | |
| | |
| | |
| | |
| | |
| | |
| Overall Event or Project Budget Summary | |
| | |
| . Describe, and be specific, on what you would spend the requested lodging tax funds on. | |
| Sessible, and we specifie, on what you would spend the requested loughing tax fullus off. | |
| | |
| | |
| | |
| No de la compa Other There I adeine Touris | |
| | anrovimato |
| f you anticipate receiving partial funding for this activity from another source, please list the source(s) approximately $^-$ | າproximate |
| f you anticipate receiving partial funding for this activity from another source, please list the source(s) ap | วproximate |
| f you anticipate receiving partial funding for this activity from another source, please list the source(s) ap amount, and status of funding. Indicate the entry or admission fee if one will be charged. | |
| f you anticipate receiving partial funding for this activity from another source, please list the source(s) and amount, and status of funding. Indicate the entry or admission fee if one will be charged. SOURCE AMOUNT Confirmed or P | rojected? |
| f you anticipate receiving partial funding for this activity from another source, please list the source(s) and amount, and status of funding. Indicate the entry or admission fee if one will be charged. SOURCE AMOUNT Confirmed or P If projected, what is the | rojected? |
| If you anticipate receiving partial funding for this activity from another source, please list the source(s) apamount, and status of funding. Indicate the entry or admission fee if one will be charged. SOURCE AMOUNT Confirmed or P If projected, what is the receipt date? | rojected? |
| If you anticipate receiving partial funding for this activity from another source, please list the source(s) apamount, and status of funding. Indicate the entry or admission fee if one will be charged. SOURCE AMOUNT Confirmed or P If projected, what is the receipt date? \$ | rojected? |
| If you anticipate receiving partial funding for this activity from another source, please list the source(s) apamount, and status of funding. Indicate the entry or admission fee if one will be charged. SOURCE AMOUNT Confirmed or P If projected, what is the receipt date? | rojected? |

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

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 | \$* | \$ | \$ | |

| ΙÍ | Applicants applying for u | ers of Increased Too | urism nust attach last year's repor ovide estimates of how it will | ting* result in increases in the number of peop | le |
|----|-----------------------------------|----------------------------|--|---|----|
| ΙÍ | | | | | |
| | f not, what are your challenges | s of generating new revenu | ues: | | |
| е | | | | | |
| | | | | ging admission, increasing fees, | |
| | D. Other Financial | | ns) for becoming less deneng | lent on Lodging Tay funding? | |
| _ | | | | | |
| C | Can you operate this project with | n reduced funding? ☐ Yes | ☐ No If yes, explain belo | w: | |
| * | City Lodging Tax funds would re | present what percentage of | f your overall budget? | % | |
| | TOTAL COSTS | \$* | \$ | \$ | |
| | Other Activities Explain: | \$ | \$ | \$ | |
| | | | | * | |
| | Tourism Marketing | \$ | \$ | Ś | |

| traveling for business or preusure t | ı | 1 | |
|---|-------------------|---------------------|--------------------------|
| | 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 | | |
| | | | |

 $^{^{1}}$ 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 | |
| | | |