

2017 Lodging Tax – Tourism Promotion Project Application

Organization/Event Name: _____

(Please supply the LTAC with year-round contact information)

Contact Person: _____ Title: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Website: _____

Email: _____

Organization Tax ID # (must be non-profit.) _____

- I have attached a copy of my organizations IRS or Secretary of State of Washington documentation.

Check only one box per application. More than one application may be submitted.

- Tourism Event with Matching Funding – (Matching funds required)
 Visitor Information Center Operations Funding Request – (No match required)
 Year round promotion of community/organization – (Matching funds required)
 Capital Expenditure Funding Request – (No match required)
 Destination Marketing Organization (DMO) – (Matching funds required)

Event or Project Description:

Total Event Promotion Budget: _____

Amount of Promotion or Facility Funding Requested from Okanogan County Lodging Tax for 2017 \$ _____. What percentage is this of your total budget? \$_____.

Did you receive funding from the County's Lodging Tax last year? If so, what amount did you receive?

Have you requested funds from City Lodging Tax in the past year? If so, what amount did you receive? _____ If not, please state reason: _____

Event or Project Timeline _____

Section 1 - Proposal Questions

1. Tell us about your Organization/Group and why you think it will increase tourists traveling to and staying in Okanogan County.

2. Describe how you intend to market/promote your event activity to potential tourists who reside outside Okanogan County (Please include the following information at minimum)

- a. Target Audience.

- b. Timeline for promotional activity (e.g. May through July, 2016)

- c. Promotion methods.

- d. Promotions of overnight stays in Okanogan County lodging establishments.

3. Estimate how any moneys received from lodging tax funding will result in increases in the number of people traveling for business or pleasure to Okanogan County:

4. What is the total estimated number of participants for your event?
What method did you use to arrive at that number?

5. Estimated number of participants traveling over 50 miles to attend your event: _____
What method did you use to arrive at that number? _____

6. What is the estimated number of participants attending your event from out of the state or country? _____
What method did you use to arrive at that number? _____

7. What is the estimated number of participants attending your event that paid for overnight lodging? _____ What method did you use to arrive at that number?

8. What is the estimated number of participants attending your event that did NOT pay for overnight lodging? _____ What method did you use to arrive at that number? _____

9. What is the estimated number of paid lodging nights? _____ What method did you use to arrive at that number? _____

10. How does the project or event economically benefit the community? _____

11. How will you count attendance or measure the success of your organization bringing tourists to Okanogan County? _____

12. How is lodging Tax funding critical to the success of the event or project? _____

13. What other funding will be applied to the event or project (including estimated volunteer hours)? _____

Estimated volunteer hours: _____

14. Please explain how your event or project will meet broader community and county objectives: _____

15. How does your organization coordinate with other local organizations to improve and build upon community? _____

Section 2 – EVENT/PROJECT BUDGET

Please identify in the table below how you intend to budget tourism promotion costs. Please remember that your organization must devote twice the LTAC awarded amount (far right column) in order to be reimbursed the total LTAC award amount.

Project name:

Budget Sheet		
	LTAC Amount Requested	Total Amount Budgeted*
Advertising/Marketing		
Local		
National		
Regional		
Printing & Production		
Project		
Building Supplies		
Labor		
Permits		
Volunteer Hours		
TOTAL		
*This includes ALL of your budget amounts together for this activity/event.		

Section 3 - CASH FLOW REQUIREMENTS if funding event promotion

If funding is for an event, rather than continuing operations, please indicate, month by month, when you anticipate applying for fund reimbursement. **(Show only County funding on this worksheet.)**

MONTH	FUNDS NEEDED
JANUARY	
FEBRUARY	
MARCH	
APRIL	
MAY	
JUNE	
JULY	
AUGUST	
SEPTEMBER	
OCTOBER	
NOVEMBER	
DECEMBER	

DECLARATION

I understand the Washington State limitations places on use of Hotel/Motel Tax funds, and certify that the requested funds will be used only for purposes described in this application and established by state law and county policy. I have authority of the organization/entity represented in this application to submit this request for funding on its behalf. I understand the use of funds is subject to audit by the State of Washington.

I declare that the foregoing is true and correct to the best of my knowledge.

Print Name Title

Signature Date