

## 2021 Lodging Tax Application – VIC Operations

Operations means the day to day costs to operate the tourism related facility and is not limited to water, power, and sewer costs.



Organization Name:

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_  
*(Please supply the LTAC with year-round contact information)*

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 and Bylaws.
- I have previously submitted to the LTAC my organizations IRS or Secretary of State of Washington documentation and By-laws and they have NOT changed.  
**(Must re-submit if anything has changed)**
- Total Operations Budget: \$\_\_\_\_\_. *Add together funding you expect from all sources and put the total here.*
- Amount requesting from LTAC for 2121 \$\_\_\_\_\_.  
*(Match Not Required for VIC Operations)*
- Did you receive funding from the **County's** Lodging Tax last year for VIC operations? If so, what amount did you receive? \$ \_\_\_\_\_
- Did you apply for City Lodging Tax last year? **Yes / No**
  - a. Have you received funding from City Lodging Tax in the past year? **Yes / No** If yes, what amount did you receive \$ \_\_\_\_\_

If no why?

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- How is lodging Tax funding critical to the success of your organization? Why do you need LTAC funding?
- If awarded, explain specifically what the funds will be used for.

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### **Section 1 – State Reporting Questions**

Provide **estimates** to the following questions as required by the state. Using one or more of these methods.

**Direct Count** – Actual count of visitors using methods such as paid admissions or registrations, clicker counts at entry points, vehicle counts or number of chairs filled. A direct count may also include information collected directly from businesses, such as hotels, restaurants or tour guides, likely to be affected by an event.

**Indirect Count** – Estimate based on information related to the number of visitors such as raffle tickets sold, redeemed discount certificates, brochures handed out, police requirements for crowd control or visual estimates.

**Representative Survey** – Information collected directly from individual visitors/participants. A representative survey is a highly structured data collection tool, based on a defined random sample of participants, and the results can be reliably projected to the entire population attending an event and includes margin of error and confidence level.

**Informal Survey** – Information collected directly from individual visitors or participants in a nonrandom manner that is not representative of all visitors or participants. Informal survey results cannot be projected to the entire visitor population and provide a limited indicator of attendance because not all participants had an equal chance of being included in the survey.

**Structured Estimate** – Estimate produced by computing known information related to the event or location. For example, one jurisdiction estimated attendance by dividing the square footage of the event area by the international building code allowance per persons (3 square feet).

1. Total Attendance
  - a. Predicted total number of attendees:
  - b. Method Used:
  
2. Attendees traveling over 50 miles from Okanogan County
  - a. Predicted Number:
  - b. Method Used:
  
3. Attendees traveling from out of state and/or country
  - a. Predicted Number:
  - b. Method Used:

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4. Attendees paying for overnight lodging
  - a. Predicted Number:
  - b. Method Used:
  
5. Attendees NOT paying for overnight lodging
  - a. Predicted Number:
  - b. Method Used:
  
6. Paid Lodging nights (1 or more occupying a room for a single night = 1 lodging night)
  - a. Predicted Number:
  - b. Method Used:

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### **Section 2 – Scoring Questions**

1. Tell us about your Organization and why you think it will increase tourists traveling to; and staying in Okanogan County.
  
2. Are you open year-round? If YES, what days and hours are you open?  
If operations is NOT opened year-round, what months, days and hours are you open?
  
3. Is your building easily visible and accessible to the public?
  
4. Do you have a webpage or do you partner with another organization that does?  
If not, what are you doing to create visibility online?
  
5. Describe how you intend to market/promote tourism activities to potential tourists who reside outside Okanogan County (*Please include the following information at minimum*)
  - a. Target Audience: (*Who are you trying to attract*)
  
  - b. How and where can visitor's access information when your organization is closed.

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- c. How will you advertise or market your organization: (*Example: Facebook, corner stand, print media*)
  - d. What ways are you promoting tourism for the entire county:
6. How do you judge your success? *Do you track the number of visitors, phone calls received, internet site hits, visitor packets sent, surveys, etc.?*
7. Estimate how any monies received from lodging tax funding will increase overnight stays in Okanogan County.
8. Please explain how your organization will meet broader community and county objectives: *For example, how will your event or organization contribute to the overall success of the County?*
9. *What steps are you taking to improve tourism each year?* Describe how you are working with the DMO – Okanogan County Tourism Council?

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### Section 3 – OPERATIONS BUDGET

Please provide an itemized cost detail of the project budget below.

Event Name *(If Applicable)*:

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Budget Sheet	
Type of Cost	Total Amount Budgeted*
<b>TOTAL</b>	
*This includes ALL (eligible expenditures) of your budget amounts together for this project.	
*Add in any type of costs as needed for the project	

#### **DECLARATION**

I understand the Washington State limitations placed 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.

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

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Print Name

Title

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Signature

Date

**NO UNSIGNED APPLICATIONS ACCEPTED!**