Letter to Prospective Applicants

Dear Prospective Applicants,

Thank you for considering applying for the 2025 Lodging Tax Fund. As a crucial part of our community's efforts to bolster tourism and enrich our local culture, we are excited to outline the specific goals and priorities of the Consolidated Lodging Tax Committee for the upcoming year.

Our committee is dedicated to supporting events that not only draw visitors to our community but also contribute to its long-term vitality and prosperity. To this end, we are particularly focused on the following criteria for 2025:

* + **Off-Season Events:** We are eager to fund events that take place during off-peak times, as these have the potential to stimulate economic activity during typically slower periods. Priority will be given to proposals for new events that diversify our community's offerings and attract visitors throughout the year.
	+ **Uniqueness of Event:** We seek events that stand out for their originality, creativity, and distinctiveness. Whether through innovative programming, cultural significance, or immersive experiences, we are interested in supporting events that capture the imagination and leave a lasting impression on attendees.
	+ **Community Support and Strategic Alignment:** It is essential that funded events have a tangible impact on the community in which they are held and align with its strategic goals. We encourage applicants to demonstrate how their event will contribute to local businesses, promote cultural exchange, or enhance community well-being, among other objectives.
	+ **Emphasis on Tourism from Outside the 50-Mile Radius:** Proposals should outline strategies for marketing and outreach to attract visitors from neighboring regions and beyond, thereby maximizing the economic and cultural benefits of the event. (RCW 67.28.1816)

We believe that by prioritizing these criteria, we can support events that not only drive tourism but also foster community engagement, stimulate economic growth, and showcase the unique identity of Kittitas County.

We encourage all interested applicants to carefully review the guidelines and criteria outlined in the application materials and to submit proposals that align closely with our goals and priorities. Together, we can create memorable experiences that enrich our community and leave a lasting legacy for years to come.

Thank you for your interest in the 2025 Lodging Tax Fund. We look forward to receiving your applications and working together to make Kittitas County a vibrant destination for visitors and residents alike.

Sincerely,
Consolidated Lodging Tax Committee

LTAC Application

**Did you attend the Grant Application Workshop for the current year hosted by the Kittitas County Chamber of Commerce?**□ Yes □ No

**Confirmation and Acknowledgement:**□ I have read and understand Submittal Instructions and General Information for the Lodging Tax Grant Funding Process.
□ I acknowledge that a representative for my organization will need to attend (either virtually or in-person) the oral presentation meeting to answer questions.

**Organization Information**

 **Name of Organization**

**Organization Address**

**Organization Classification**
□ Business
□ Non-Profit

**Upload Proof of Organization Status**
(NOTE: incorrect/incomplete documentation will disqualify the application)

## **Project Contact Information**

NOTE: The project contact listed below **MUST** be a volunteer/member/employee of the organization requesting funds.

**First Name**

**Last Name**

**Phone Number**

**Email**

## **Project or Event Information**

 **Project/Event Name**

**Project/Event Location**

**New or Ongoing Project/Event?**□ Ongoing Project/Event (More than four years in existence)
□ New Project/Event (Four or fewer years in existence)

**Please provide any specific dates, or range of dates, on which your event or project will be held. You may add as many dates or date ranges as necessary.**

**Service Categories**□ Tourism promotion/marketing
□ Operation of a special event designed to attract tourists
□ Operation of a tourism related facility
□ Other

**Tourism Seasons**From the list below, what season will your project enhance tourism? Select any which apply.
□ Year-round (January - December)
□ Off Season (November - February)
□ Shoulder Season (October or March - May)
□ High Season (June - September)

**Amount of Funding Requested**If you selected "Ongoing Project/Event" above, this amount may not exceed 10% of the total expense budget of this project.

**Funding Request Max**

*Please answer each of the following questions completely, in the order listed. Please include any supporting data within the response narrative.*

## **Application Questions: Part 1**

1| Project/Event Description

**Response 1.1: Please provide a description of your project/event.**2500 character limit

**Response 1.2: Please provide us link to a brief video summary of your organization's event/project.**Note: You MUST be present at the Q&A meeting to qualify for funding.

**Response 1.3: List of Intended Use of Funds**Note: This language will be related in the contract if awarded.
The CLTAC cannot approve funds not listed under [RCW 67.28.1816](https://apps.leg.wa.gov/RCW/default.aspx?cite=67.28.1816). However, the committee has the right to be more restrictive.

| **Item(s)** |
| --- |
|  |
|  |
|  |

2| Supporting Kittitas County as a tourism destination.

* 1. Away from their place of residence or business and staying overnight in paid accommodations;
	2. To a place fifty miles or more away from their place of residence or business for the day or staying overnight;
	3. Or from another country or state outside of their place of residence or business.

*You must provide the evidence utilized in determining your projections.*

**Response 2.1: Why would tourists travel to Kittitas County to attend your event/activity/facility?**2500 character limit

**Response 2.2: Describe the prior success of your event/activity/facility to attract tourists.**2500 character limit

## **Application Questions: Part 2**

3| Impact

**Response 3: Describe how you will promote your event/activity/facility to attract tourists.**2500 character limit

## **Application Questions: Part 3**

4| Collaboration

**Response 4.1: If your organization collaborates or has created partnerships with other organizations, groups, or other events, how is this accomplished?**2500 character limit

**Response 4.2: Describe how you will promote lodging establishments, restaurants, and business located in Kittitas County**2500 character limit

**Response 4.3: Is there a host hotel for your event or grant project? If yes, list the hotel.**□ No □ Yes

5| Future Plans

**Response 5: Please explain what plans exist to allow this project to become self-sustaining. Include any plans for ticket sales, event sponsors, and other cost-recovery models.**2500 character limit

## **Application Questions: Part 4**

6| Additional Information

**Response 6.1: Provide any additional information which will assist the Lodging Tax Advisory Committee in evaluating your project and its benefit to tourism.**2500 character limit

**Response 6.2: You may upload any supporting documents such as graphs, images, diagrams, marketing materials, etc.**You are allowed to submit up to 3 single page (US Letter) documents in JPG, PDF or TIFF format

7| Previous Lodging Tax Grant Information

**Response 7.1: Has your event received Lodging Tax funds in previous years?**□ No, this event/project has not previously received Lodging Tax Funding
□ Yes, 1 year previous
□ Yes, 2 years previous
□ Yes, 3 years previous
□ Yes, 4 or more years previous

| **Past Actual** | **Projected** |
| --- | --- |
|  |  |

**Response 7.2: Overall Attendance**

| **Past Actual** | **Projected** |
| --- | --- |
|  |  |

**Response 7.3: Number of people travelling more
than 50 miles for your event?**

| **Past Actual** | **Projected** |
| --- | --- |
|  |  |

**Response 7.4: Number of people traveling from outside WA State for your event?**

| **Past Actual** | **Projected** |
| --- | --- |
|  |  |

**Response 7.5: The number of overnight guests who stay in paid accommodations in Kittitas
County for your event?**

| **Past Actual** | **Projected** |
| --- | --- |
|  |  |

**Response 7.6: Number of paid lodging room nights resulting from your event/activity/facility?**

**Response 7.7: In addition to fields above, you may upload the evidence to support the prior years' room/night information.**You may upload up to three single pages (US Letter), of information. If you a single multi-page document, only the first three pages will be considered.
The following formats, will be accepted: JPG, PDF or TIFF

**Response 7.8: What methodology did you use to calculate the prior years' actual numbers?**
□ Direct Count (preferred)
□ Indirect Count
□ Representative Survey
□ Informal Survey (preferred)
□ Structured Estimate
□ Other

**Response 7.9: What methodology will you use to calculate the upcoming numbers?**
□ Direct Count (preferred)
□ Indirect Count
□ Representative Survey
□ Informal Survey (preferred)
□ Structured Estimate
□ Other

**Response 7.10: Please explain your methodology.**2500 character limit

## **Application Questions: Part 5**

8| Funding

**Response 8.1: Does your organization have, or have you applied for funding from other sources?**□ Yes □ No

**Response 8.2a: If not, please explain why not.**2500 character limit.

**Response 8.2b: List all funding sources and amounts for which you have applied but have not yet secured.**

| **Funding Source** | **Amount** |
| --- | --- |
|  |  |
|  |  |
|  |  |

**Response 8.3: What changes will be made if funding for your request is not available or recommended?**2500 character limit.

**Matching Funds Percentage**This field will auto fill with the correct percentage based on your input to budget section below.

9| Project Budget Overview

Please complete budget for this project/proposal. If your agency operates independently of this project application it may not be necessary to submit the entire agency budget. **You must submit a budget which specifically pertains to the project/event for which you are requesting funding and adheres to the basic budget format shown below.**

The budget must include anticipated revenues, expenditures, and any potential profit or loss. For projects/events which are ongoing for more than one (1) year, please also submit actuals from the previous three (3) years of operations (need not be consecutive) for the project/proposal if applicable.

**For any claimed in-kind contributions valued at $500 or more and related to marketing/advertising, you must submit verifying documentation which assures the contribution will be provided.** For instance, if you are claiming in-kind contributions in the form of advertising match, a binding contract itemizing the matching value and obligating each party must be provided.

**ATTENTION:**In an effort to allow an adequate level of flexibility for all applicants, not all fields in the budget portion are required to be filled before this form is submitted. **Providing all applicable data is your responsibility, failure to do so will potentially jeopardize your application's chance for review.**

Budget Year

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Edit if necessary** | 2022 | 2023 | 2024 | 2025 |

Revenues

| **Account Name** | **Past Actual 3** | **Past Actual 2** | **Past Actual 1** | **Projected** |
| --- | --- | --- | --- | --- |
| LTAC Grant Funding |  |  |  |  |
| **Other Revenues** | **Past Actual 3** | **Past Actual 2** | **Past Actual 1** | **Projected** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **In-Kind Contributions** | **Past Actual 3** | **Past Actual 2** | **Past Actual 1** | **Projected** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

 **Verification of In-kind Contributions**For any claimed in-kind contributions valued at $500 or more and related to marketing/advertising, you must submit verifying documentation which assures the contribution will be provided.

Contributions of Volunteer Time

|  | **Past Actual 3** | **Past Actual 2** | **Past Actual 1** | **Projected** |
| --- | --- | --- | --- | --- |
| **Number of Hours** |  |  |  |  |

 **Calculated Value of Projected Volunteer Time**

Total Revenues (Calculated)

| **Past Actual 3** | **Past Actual 2** | **Past Actual 1** | **Projected** |
| --- | --- | --- | --- |
|  |  |  |  |

Expenses

| **Expense Item** | **Past Actual 3** | **Past Actual 2** | **Past Actual 1** | **Projected** |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

Expense Totals (Calculated)

|  |  |  |  |
| --- | --- | --- | --- |
| **Past Actual 3** | **Past Actual 2** | **Past Actual 1** | **Projected** |
|  |  |  |  |

Profit & Loss (Calculated)

|  |  |  |  |
| --- | --- | --- | --- |
| **Past Actual 3** | **Past Actual 2** | **Past Actual 1** | **Projected** |
|  |  |  |  |

## **Application Certification**

The applicant hereby certifies and affirms:

* 1. That it does not now, nor will it during the performance of any contract arising from this application, unlawfully discriminate against any employee, applicant for employment, client, customer, or other person who might benefit from said contract, by reason of age, race, color, ethnicity, sex, religion, military status, sexual orientation, creed, place of birth, or disability;
	2. That it will abide by all relevant local, state and federal laws and regulations and;
	3. That it has read the information contained in the Instructions on pages 1 and 2 and understands and will comply with all provisions thereof.

**Certified by:**

**Name**

**Applicant's Title**