CLTAC: Application for Lodging Tax Grant Funding

Grant Application Workshop - 2022 \*

Submittal Instructions & General

Information \*

Did you attend the Grant Application Workshop - 2022 hosted by the Kittitas County Chamber of Commerce?

 Yes No

 Yes,

I have read and understand Submittal Instructions and General Information for the 2022 Lodging Tax Grant Funding Process

**You are strongly encouraged to compose your responses to the questions of this form with a desktop text editor and save your work**, then copy and paste the information into the form. You may also save a draft by selecting the button at the bottom of this page. When you do this, you will be logged out and must log back in to continue. To save a draft, you will need to provide an email address and a password. After completing the save draft, you will be redirected to landing page containing a link to log back into the form. We suggest you save this link as a bookmark. The link will also be sent to you in an email. For your convenience we have provided a word document version of the questions. [Download](https://www.co.kittitas.wa.us/uploads/documents/auditor/accounting/lodging-tax/grant-application-workbook.docx) it here.

Organization Information

Name of Organization \*

Organization Address \*

Street Address

Address Line 2

City

Postal / Zip Code

State / Province / Region

Country

Organization is a: \*

 Business Non-Profit

(Note: Please submit W-9 for business or IRS Designation Letter for non-profit.) [Click here](http://co.kittitas.wa.us/boc/lodging-tax/sample-determination-letters.pdf) to view sample documents (redacted).

Upload Proof of Organization Status \*

Project Contact Information

Acceptable file formats include: JPG, PDF or TIFF.

First Name \*

Last Name \*

Phone Number \*

Email \*

Project or Event Information

Project/Event Name \*

Service Categories

Check all categories that apply to this application

Tourism promotion/marketing

Operation of a special event designed to attract tourists Operation of a tourism related facility

Other

Event Dates

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.

Event Dates

Start Dates \* End Dates

Select Date Select Date

Project/Event Location \*

New or Ongoing Project/Event? \*

Amount of Funding Requested \*

Funding Request Max Tourism Seasons \*

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

$

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

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)

Application Questions: Part 1

Please answer each question completely, in the order listed. Please include any supporting data within the response narrative.

1| Project/Event Description

Please provide a description of your project/event.

Response 1: Project/Event

Description \*

2500 character limit

Video Link

Please provide us link to a brief video summary of you organization's event/project. You MUST be present at the Q&A meeting in November to qualify for funding.

List of Intended Use of Funds \*

2| Supporting Kittitas County as a tourism destination.

Away from their place of residence or business and staying overnight in paid accommodations.

To a place fifty miles or more away from their place of residence or business for the day or staying overnight.

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 in attraction tourists.

2500 character limit

Application Questions: Part 2

3| Impact

Response 3: Measuring Results \*

Describe how you will promote your event/activity/facility to attract tourists.

2500 character limit

4| Collaboration

Application Questions: Part 3

If your organization collaborates or has created partnerships with other organizations, groups, or other events, how is this accomplished?

Collaboration \*

2500 character limit

Promoting Local Business \*

Describe how you will promote lodging establishments, restaurants, and business located in Kittitas County

2500 character limit

Host Hotel \*

Is there a host hotel for your event or grant project? If yes, list the hotel.

 No  Yes.

5| Future Plans

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.

Future Plans\*

2500 character limit

Application Questions: Part 4

6| Additional Information

Provide any additional information which will assist the Lodging Tax Advisory Committee in evaluating your project and its benefit to tourism.

Additional Information

2500 character limit

Supporting Documents, 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

Previous Years Awarded Lodging Tax

Grants \*

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 or more years previous

Overall Attendance

Past Actual \* Projected \*

Number of people travelling more than 50 miles for your event?

Past Actual \* Projected \*

Number of people traveling from outside WA State for your event?

Past Actual \* Projected \*

The number of overnight guests who stay in paid accommodations in Kittitas County for your event

Past Actual \* Projected \*

Number of paid lodging room nights resulting from your event/activity/facility?

Past Actual \* Projected \*

Prior Year Paid Overnight Stay Data

In addition to field 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 TIF

Past Methodology \* What methodology did you use to calculate the past numbers?

 Direct Count (preferred)

 Indirect Count

 Representative Survey Informal Survey (preferred)

 Structured Estimate

 Other

 Projected Methodology \* What methodology will you use to calculate the upcoming numbers?

 Direct Count (preferred)

 Indirect Count Representative

 Survey Informal Survey (preferred)

 Structured Estimate

 Other

Methodology Narrative \* Please explain.

2500 character limit

Application Questions: Part 5

8| Funding

Does your organization have, or have you applied for, grant funding from other sources? If not, why not? If yes, please list the funding you have for the project, including any volunteer and in-kind sources in Question 9| Project Budget Overview.

Funding sources and amounts which have not yet been secured will be listed separately, in the field(s) directly below. Finally, what changes would occur if the project couldn’t be funded?

Other Funding \*

Does your organization have, or have you applied for funding from other sources?

 Yes  No

Funding for which you have applied but not yet secured

Funding Source Amount

Funding Shortfalls \*

Matching Funds Percentage

$ 0.00

What changes will be made if funding for your request is not available or recommended?

2500 character limit.

%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.

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.

|  |
| --- |
| Budget Year |
| Revenues From Consolidated Lodging Tax Grant |  |
| Past Actual 3 | Past Actual 2 | Past Actual 1 | Projected |
| LTAC Grant | $ 0.00 | $ 0.00 | $ 0.00 | $ 0.00 |  |
| Funding |
| All Other Revenues |
| Account Name Past Actual 3 Past Actual 2$ 0.00 $ 0.00In-Kind Contributions (except volunteerism) | Past Actual 1$ 0.00 | Projected$ 0.00 |  |
| Account Name Past Actual 3 Past Actual 2$ 0.00 $ 0.00Contributions of Volunteer Time | Past Actual 1$ 0.00 | Projected$ 0.00 |  |
|  | Past Actual 3 | Past Actual 2 | Past Actual 1 | Projected |  |
| Number of Hours |  |  |  |
| Evidence of Volunteer Please upload a single file which offers evidence in support of the projected volunteer hours. |  |
| Contributions \* |  |  |  |  |  |
| Calculated Value of | $  |  |  |  |  |
| Projected Volunteer |  |
| Time |  |
| Past Actual 3 Past Actual 2 | Past Actual 1 | Projected |  |
| Revenue Totals | $ 0.00 | $ 0.00 | $ 0.00 | $0.00 |  |
| Expenses |  |
| Account Name Past Actual 3 Past Actual 2$ 0.00 $ 0.00 | Past Actual 1$ 0.00 | Projected$ 0.00 |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Expense TotalsProfit & Loss | Past Actual 3$ 0.00 | Past Actual 2$ 0.00 | Past Actual 1$ 10.00 | Projected$ 10.00 |
| Past Actual 3$ 0.00 | Past Actual 2$ 0.00 | Past Actual 1$ -7.00 | Projected$ 16.56 |

Application Certification

The applicant here 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 \*