

Lewis County Lodging Tax Advisory Committee
Stadium Fund/ Special Appropriations Request
2011 (For Budget Year 2012) Deadline – September 19, 2011

SUBMIT FIVE COMPLETE COPIES OF YOUR REQUEST

Please read carefully and include all information. Omitting requested information could result in low scoring or having your application denied. Keep your answers clear, concise and to the point of the question. You may recreate this form on your computer in order to fill in the answers. Do not use a font smaller than Roman 12. Do not include presentation materials not requested. 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. E-mail Becky Sisson at becky.sisson@lewiscountywa.gov if you would like the electronic form file.

Return this proposal to: Board of County Commissioners
Attention Budget Dept.
351 NW North Street
Chehalis, WA. 98532

If you have questions, please call Becky Sisson, County Budget/Fiscal Services, at 360-740-1198.

1. NAME AND ADDRESS (street & mailing) OF APPLICANT (ORGANIZATION).

Agency Tax ID Number _____

Non-Profit For Profit Government Agency

2. CONTACT PERSON:

Name: _____ Phone _____ Fax _____

E-Mail Address: _____

3. ORGANIZATION'S MISSION STATEMENT OR PURPOSE (one or two sentences)

Founded What Year? _____

Does your organization have a long-term business plan? _____ Explain & list goals and objectives.

4. IS THIS REQUEST FOR:

TOURISM PROMOTION _____

ACQUISITION OF TOURISM RELATED FACILITY _____

OPERATION OF TOURISM –RELATED FACILITY _____

5. DESCRIBE EXPECTED RESULTS & MEASURABLE OUTCOMES OF THE ACTIVITY:

6. PROPOSED FUNDING:

Can you operate this project with reduced funding? _____ Yes _____ No If yes, list priorities below.

Priority 1 full funding \$ _____

Priority 2 - partial funding (no less than: \$ _____

What % of your budget does this request represent? _____

Attach a copy of your organization's total budget with your request to us highlighted.

What accountability and reporting standards are in place?

Complete a budget form that provides your organization's total budget and the amounts requested in this application.

7. CONTINUING / NEW ACTIVITY:

Is this a new _____ or continuing _____ activity?

If continuing, dollars received from County stadium what years, how much, for what purpose? -- (Only list last three years but indicate total number of years funds have been received. For the immediate previous year itemize use of the funds and how much of those funds are unspent – attach a copy of previous year’s budget plus current year and previous year’s financial statements.)

Do you expect this project to be an annual activity, requiring regular and continued funding from the county: One-time request _____ Continuing Project _____ Est. Annual Amount \$ _____

8. BENEFIT TO LEWIS COUNTY (Explain Yes answers):

A) How does this activity improve the economic conditions in Lewis County?

B) Does it lodge or feed tourists?

C) Does it promote tourism?

D) Does it provide for the sale of gifts, souvenirs or other items?

E) Does it provide some other short or long range economic benefit?

F) Will a tourist facility be constructed?

G) Explain the type of activity to be accomplished and define and quantify the expected results:

9: TIME FRAME:

What is your anticipated time frame for accomplishing this activity?

Is it a seasonal activity appropriate to its location?

When does your fiscal year begin?

10. ADDITIONAL INFORMATION:

Provide any additional information which will assist in evaluating your project and its benefit to Lewis County.

11. RFP PROPOSAL BUDGET (For this proposal only)

TOTAL AGENCY BUDGET _____

PROPOSAL BUDGET TOTAL _____

What percentage of your project does your request for County funds represent? _____

PRIORITY ONE TOTAL (Full Funding) _____

PRIORITY TWO TOTAL (Minimum Funding) _____

12. Explain the differences in the amounts listed as funding priorities one and two:

The applicant hereby certifies and affirms 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, creed, place of birth or degree of handicap and further certifies and affirms that it will abide by all relevant local, state and federal laws and regulations.

Certified By: (Signature) _____

Print or type name _____

Title: _____ *Date:* _____