Lewis County Lodging Tax Application

Board of County Commissioners

For Budget Year:	Application Deadline
2015/Agritourism	March 9th, 4:30PM

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. **Do not include presentation materials as 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.**

Please fill in the application form, print, sign and submit 10 copies to Karri Muir in the BOCC office located on the 2nd floor in the Historic Courthouse, Chehalis WA, by the **application deadline listed at the top of this application**. If mailing applications, please send to: BOCC Office, Attention Karri Muir- 351 NW North St. Chehalis WA, 98532. **NO LATE APPLICATIONS WILL BE ACCEPTED**. **Even if postmarked earlier, applications will not be accepted if received after the application deadline.**

Organization Information

Organization Name	Project Name	
Type of Organization ▸ ☐ 501 (c) 3 ☐ 501 (c) 6 ☐ For Profit ☐ Government Agency		Founding Year:

Organization's mission statement of purpose. (one or two sentences)

Applicant Contact Information

Name			Street Address	
City	State	Zip	Mailing Address (if different from street address)	
Home Phone	Work Phone		Cell Phone	Email Address
Agency Tax ID Number	Organization Unified Business Identifier (UBI)		UBI Expiration Date	

Required Information

☐ **Financial Documents**
All applicants must attach their most current business financial statement which is to include balance sheet, income statement and the organization's operating budget for 2013 and projected budget for 2014. All required financial information must be complete and must balance.

☐ **Non-Profit Determination**
Non-profit organizations must submit tax-exemption determination letters from the United States Internal Revenue Service.

☐ **List of current Board of Directors**
A list of the current Board of Directors or other governing body of the agency must include the name, phone number, address, email address and must identify the principal officers of the governing body.

Project Information

Project Name	Project Coordinator	Date of Project

Amount requested from Lewis County	Total Project Amount

Project Description

Please provide a detailed description of the proposed project/activity. Include information on the area the project will serve, its expected impact, and responsible party(s). Describe how the project/activity will enhance tourism and/or result in 'heads in beds'.

Why do you feel you should receive funding for this project?

Will a tourist facility be constructed? ☐ Yes ☐ No **If yes, please explain:**

Use of Lodging Tax

Please indicate below the types of activities these monies will be used for.

- ☐ Tourism Promotion
- ☐ Acquisition of Tourism-Related Facility
- ☐ Operation of Tourism-Related Facility
- ☐ Marketing Only
- ☐ Directional Signage
- ☐ Festival or Event Designed to Attract Tourists

Describe expected results & measurable outcomes of the activity:

Provide estimates of how any lodging tax dollars will increase the number of people traveling for business or pleasure on a trip:

- **Away from their place of residence or business and staying overnight in paid accommodations:**

- **To a place fifty (50) miles or more one way from their place of residence or business for the day or staying overnight:**

- **From another country or state outside of their place of residence or their business:**

How does the project provide short or long-term economic benefit for the county?

Project Time Line

What is your anticipated time line for accomplishing this activity?

Is it a seasonal activity appropriate to its location?

Social Media:

Website Address	Facebook Page
Twitter Username	Instagram Username

List any other social media your organization uses to promote tourism:

Budget:

INCOME: If you are anticipating receiving partial funding for this activity from another source, please list the source, approximate amount, and the status of funding.

Amount	**Source**	**Confirmed** (yes or no)	**Date Available**

Total Income $ 0.00	What percentage of your project does your request for Lodging Tax Dollars represent? ▶

EXPENSE:

Activity	**County**	**Other Funds**	**Total**
Personnel Salaries			$ 0.00
Administration			$ 0.00
Marketing/Promotion			$ 0.00
Direct Sales Activities			$ 0.00
Minor Equipment			$ 0.00
Travel			$ 0.00
Contract Services			$ 0.00
Other Activities			$ 0.00
Total Cost	$ 0.00	$ 0.00	$ 0.00

Partial funding may be recommended by the LTAC.

Priority 1	Full Funding Request	
Priority 2	Minimum Funding Request	

If partial funding is received, how will that impact the project/activity? Please describe:

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 race, ethnicity, color, religion, age, gender, national origin, or disability; and further certifies and affirms that it will abide by all relevant local, state and federal laws and regulations. That it has read and understands the information contained in this application for funding and is in compliance with the provisions thereof, and; That the individual signing below has the authority to certify to these provisions for the applicant organization, and declares that he/she is an authorized official of the applicant organization, is authorized to make this application, is authorized to commit the organization in financial matters, and will assure that any funds received as a result of this application are used for the purposes set forth herein

Certified By: **Signature** ▸	Date
Print or Type Name	