



*Board of County Commissioners*

Lewis County Courthouse  
351 NW North Street  
Chehalis, WA 98532-1900

**Lewis County Lodging Tax Application  
For Budget Year 2016  
Deadline – 4:00 pm on Friday, August 21, 2015**

Please read carefully and include all information. Omitting requested information could result in low scoring or your application being 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.

**Deadline: 4:00 p.m., August 21, 2015**

**Applications received after the deadline will not be considered.  
The applicant is responsible for confirming timely delivery.**

Applications must be delivered to:

<b>Email Delivery</b>	<b>Hand Delivery 15 Copies</b>	<b>Mail Delivery 15 Copies</b>
To: <a href="mailto:karri.muir@lewiscountywa.gov">karri.muir@lewiscountywa.gov</a> Cc: <a href="mailto:Lisa.wilson@lewiscountywa.gov">Lisa.wilson@lewiscountywa.gov</a>	Commissioners Office 351 NW North St. Room 210 Chehalis, WA 98532	Commissioners Office 351 NW North St. Room 210 Chehalis, WA 98532

***Please pay particular attention to providing your current contact info. If we cannot reach you, your application may not move forward.***

○ 360.740.1120  
F 360.740.1475  
TDD 360.740.1480

*Edna J. Fund*  
First District

*P.W. Schulte*  
Second District

*Gary Stamper*  
Third District

*Karri L. Muir, CMC*  
Clerk of the Board

*bocc@lewiscountywa.gov*

**ORGANIZATION INFORMATION**

Organization Name	
Project Name	
Project Coordinator	

**APPLICANT CONTACT INFORMATION**

Name	
Street Address	
City, ST, Zip Code	
Mailing Address (if different from street address)	
<b>Current</b> Home Phone	
<b>Current</b> Work Phone	
<b>Current</b> Cell Phone	
<b>Current</b> E-Mail Address	
Agency Tax ID Number	
Organization Unified Business Identifier (UBI)	
UBI Expiration Date	

Type of Organization:  501(c) 3       501(c) 6       Government Agency

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

Founded what year? \_\_\_\_\_

**REQUIRED INFORMATION****Must attach the following:** **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 2015, projected budget for 2016 and an \*audit that meets required guidelines . 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.

 **Title and name of hired positions/contracted positions /employees/ 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	\$

**\*Audit Guidelines**

- Organizations that receive funds from the county's tourism fund are required to have an independent CPA audit every five years.
- County tourism tax money cannot be used to fund audits.

### **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 list the responsible party (s). Describe how the project/activity will enhance tourism and result in “heads in beds”.

How will this project promote tourism throughout all of unincorporated Lewis County?

How does this project specifically promote tourism?

Please tell us how you have collaborated with other entities throughout Lewis County to promote tourism.

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

#### **USE OF HOTEL/MOTEL TAX**

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

- |  |  |
|--|--|
| <input type="checkbox"/> TOURISM PROMOTION   | <input type="checkbox"/> OPERATION OF TOURISM-RELATED FACILITY         |
| <input type="checkbox"/> MARKETING ONLY      | <input type="checkbox"/> FESTIVAL OR EVENT DESIGNED TO ATTRACT TOURIST |
| <input type="checkbox"/> DIRECTIONAL SIGNAGE |  |

Describe expected results, measurable outcomes with the dollar amount for each outcome.

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

1. Away from their place of residence or business and staying overnight in paid accommodations.
  
2. To a place fifty (50) miles or more one way from their place of residence or business for the day or staying overnight.
  
3. 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?

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.

**PROJECT TIME LINE/TOURISM SEASON:**

What is your anticipated time line for accomplishing this activity?

From the list below, what season will your project enhance tourism? Please indicate the appropriate season.

SEASON:	EXPLANATION
<input type="checkbox"/> Year-round	
<input type="checkbox"/> Off-Season	
<input type="checkbox"/> Shoulder Season	
<input type="checkbox"/> High Season	

Is it a seasonal activity appropriate to its location?  Yes  No

**SOCIAL MEDIA:**

**All applicants will be required to show their current website during their presentation to the LTAC.**

Website address \_\_\_\_\_

Facebook user name \_\_\_\_\_

Instagram \_\_\_\_\_

Twitter account name \_\_\_\_\_

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/NO	Date Available
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Total Income: \_\_\_\_\_

What percentage of your project does your request for Tourism Promotion Dollars represent? \_\_\_\_%

**EXPENSE:**

<b>Activity</b>	<b>County</b>	<b>Other Funds</b>	<b>Total</b>
Personal			
Administration			
Marketing/Promotion			
Direct Sales Activities			
Minor Equipment			
Travel			
Contract Services			
Other Activities			
<b>Total Cost</b>			

Partial funding may be recommended by the LTAC.

Priority 1	Full Funding Request	\$
Priority 2	Minimum Funding Request	\$
Applicant will/can accept no less than this amount		\$

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

Project Name: \_\_\_\_\_

*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 \_\_\_\_\_

## **Timeline for Lodging Tax applications and funding**

July 29	Applications available online at lewiscountywa.gov
*August 6, 8:30 AM-10:30 AM	Workshop for applicants with Commissioners Fund and Stamper BOCC Meeting Room
August 21 at 4:00 PM	Applications due to LC BOCC Office
Week of August 24	Applications sent to LTAC committee members for review
**September 25, 9:30 AM	LTAC meeting / Applicant presentations
**November 9, 10:00 AM	BOCC meeting and final funding recommendations
December 7, 10:00 AM	County budget adopted
December 2015	Contracts issued for 2016 projects

\*Workshop for applicants will be held in the WSU Extension training room located in the basement of the Historic Courthouse on August 6, 2015 from 8:30 am to 10:30 am. RSVP: Lisa Wilson at 360-740-1120 or email: [lisa.wilson@lewiscountywa.gov](mailto:lisa.wilson@lewiscountywa.gov). Workshop will be dependent on attendance.

\*\*Meetings are tentative and subject to change.

## **Lodging Tax information and resources:**

<http://www.mrsc.org/subjects/finance/lodgingtax.aspx>

<http://apps.leg.wa.gov/RCW/default.aspx?cite=67.28.180>

<http://lewiscountywa.gov/>

**If you have any questions regarding the application and/or funding process please contact Karri Muir at 360-740-1419 or [Karri.muir@lewiscountywa.gov](mailto:Karri.muir@lewiscountywa.gov)**