



**Lewis County Lodging Tax Application  
For Budget Year 2017  
Deadline – 3:30 pm on Thursday, August 4, 2016**

Please read carefully and include all information. Omitting requested information could result in low scoring and your application will not move forward. Keep your answers clear, concise and to the point of the question. **Only information included in you application will be considered.**

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

Applications must be delivered to:

<b>Online</b>
To: <a href="mailto:karri.muir@lewiscountywa.gov">karri.muir@lewiscountywa.gov</a> CC: <a href="mailto:rachel.hunt@lewiscountywa.gov">rachel.hunt@lewiscountywa.gov</a>

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

**ORGANIZATION/PROJECT INFORMATION**

Organization Name	
Project Name	
Project Coordinator	
Date of project	
Amount requested	\$
Total Project Amount	\$

**APPLICANT CONTACT INFORMATION**

Name	
Street Address	
City, ST, Zip Code	
Mailing Address (if different from street address)	
<b>Current Home Phone</b>	
<b>Current Work Phone</b>	
<b>Current Cell Phone</b>	
<b>Current E-Mail Address</b>	
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 2016, projected budget for 2017 and a \*financial review 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.

\*Financial Review Guidelines

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



6. 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:

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

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

9. From another country or state outside of their place of residence or their business.

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

11. 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:**

12. What is your anticipated time line for accomplishing this activity?

13. From the list below in, what season will your project enhance tourism?

SEASON:	EXPLANATION
<input type="checkbox"/> Year-round	
<input type="checkbox"/> Off-Season i.e. November - March	
<input type="checkbox"/> Shoulder Season i.e. May or Sept-Oct	
<input type="checkbox"/> High Season i.e. June - Aug	

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

**SOCIAL MEDIA:**

**All social media will be reviewed. Please provide the following information:**

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: \_\_\_\_\_

15. What percentage of your project does your request for LTAC dollars represent? \_\_\_\_%

**EXPENSE:**

<b>Activity</b>	<b>County</b>	<b>Other Funds</b>	<b>Total</b>
Personnel - Staff			
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		\$

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

Other Application Comments:

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 \_\_\_\_\_

## Lodging Tax Grant Application Rating Form

	Criteria	**Points	Application Questions	Points Awarded
1.	Supports entire county as tourism destination	Yes = 15 No = 0	#2	
2.	Length of Impact	Data Specific = 5 Seasonal=10 Year Round = 15	#13	
3.	Attracts tourists from at least 50 miles away	Yes = 15 No = 0	#8	
4.	Applicant's Matching Funds	Less than 5% = 0 5% - 25% = 5 26% - 75% = 10 76% - 100% = 15	#15	
5.	Partnerships	5-10 = 5 10+ = 10	#4	
6.	Sustainable Future Funding Identified	Yes= 15 No = 0	#11	
7.	Attributable Lodging Stays In unincorporated Lewis County	0 = 0 1-30 = 5 31-100 = 10 101- 250 = 15	#1	

**\*\* If scores are below 40 or an answer of "No" to #3 (Attracts tourists from at least 50 miles away) or "0" to #7 (Lodging stays) LTAC may not consider the application for the next application round.**

**Total Points: \_\_\_\_\_/100**