

SUPPLEMENTAL QUESTIONS

DESCRIPTION OF TOURISM-RELATED ACTIVITIES OR EVENT:

1. PROVIDE AN ESTIMATE OF THE NUMBER OF PARTICIPANTS WHO WILL ATTEND THE EVENT/ACTIVITY IN EACH OF THE FOLLOWING CATEGORIES:

- Stay **overnight in paid accommodations** away from their place of residence or business:

- Stay **overnight in unpaid accommodations** (with friends or family) and travel **50 miles or more one way** from their place of residence or business:

- Stay for the **day only** and **travel more than 50 miles or more one way** from their place of residence or business:

- **Attend but are not included** in one of the categories above:

- Estimated number of participants in **any of the above categories** that attend from **out-of-state** (includes other countries):

HOW WILL THE FUNDS RECEIVED INCREASE THE NUMBER OF PEOPLE TRAVELING FOR BUSINESS OR PLEASURE ON A TRIP:

2. HOW DO SERVICES PROMOTE AND ENHANCE TOURISM FOR LACEY:

- Describe the tourism promotion impact on the economy of the City of Lacey, specifically lodging, food service sectors, and community facilities.
- Provide copies of proposed promotional material.

3. DESCRIBE HOW YOU WILL ENCOURAGE SUPPORT OF LACEY BUSINESSES, RESTAURANTS, AND RETAIL:

4. IDENTIFY IF THERE IS A HOST HOTEL FOR THE EVENT: _____

5. WHAT IS TARGET AGE GROUP(S): _____

6. DESCRIBE COMMUNITY APPEAL AND/ OR SUPPORT: _____

7. **DO YOU RELY SOLELY ON LTAC FUNDS FROM THE CITY OF LACEY:** YES ___ NO ___
 • Provide an itemized list identifying each type of expenditure to be reimbursed.
8. **IDENTIFY YOUR TOP 5 SOURCES OF REVENUE:**
- | | |
|----------|----------|
| 1. _____ | \$ _____ |
| 2. _____ | \$ _____ |
| 3. _____ | \$ _____ |
| 4. _____ | \$ _____ |
| 5. _____ | \$ _____ |
9. **DO YOU PLAN TO BECOME SELF-FUNDED:** YES ___ NO ___
IF YES...
 • Include your plan to become self-funded.
 • Include progress to date to become self-funded.
10. **HAVE YOU RECEIVED CITY FUNDS IN THE PAST:** YES ___ NO ___
11. **IS THIS APPLICATION FOR NEW FUNDS:** YES ___ NO ___ **OR INCREASED FUNDS:** _____ YES ___ NO ___
12. **IF YOU ANSWERED YES TO INCREASED FUNDS, DESCRIBE THE REASON FOR THE INCREASE:**

13. **EVENT LOCATION:** _____ o LACEY o UGA o OTHER _____
14. **DATE(S) OF EVENT:** _____
15. **SINGLE OR MULTI-DAY EVENT:** _____
16. **PROJECTED ATTENDANCE:** _____



APPLICATION DEADLINE: August 31, 2018

REQUIRED DOCUMENTS:

1. **Application and Supplemental Questions:**
 - Original (signed)
 - 8 copies 3-hole punched, paper clipped, no staples.**Brochures and Other Materials:**
 - 9 copies 3-hole punched, paper clipped, no staples.
2. A copy of your agency's current non-profit corporate registration with the Washington Secretary of State. A copy of the online record is sufficient.
3. An itemized budget in the amount you are requesting from the City. As an example, if you are requesting \$5,000 in LTAC funds from the City, provide detail about what the \$5,000 will pay for.

SUBMIT TO:
 City of Lacey Lodging Tax Advisory Committee
 Attn: Kelly Adams
 420 College Street SE
 Lacey, WA 98503

QUESTIONS?
 Kelly Adams
 360-438-2620
 kadams@ci.lacey.wa.us