

CITY OF LACEY LODGING TAX FUNDS APPLICATION

ORGANIZATION/AGENCY INFORMATION

Organization/Agency			Federal T	Federal Tax ID Number		
Contact Name			Title			
Mailing Address			City	State Zip		
Work Phone	Cell Phone	Fax	Email Add	dress		
☐ Tourism Promo ☐ Tourism-Relate ☐ Events/Festiva	ed Facility					
	Name of Eve	ent/Festival	Location	Date		
□ Non-profit (At	tach copy of current non	n-profit corporate regis	tration with Washington	Secretary of State)		
☐ Public Agency	y					
Amount Reques	ted: \$					
imount noques						
		_				
		Certifi	CATION			
I hereby state on	behalf of			that:		
		Organization	/Agency Name			
	olication for a con	tract with the Ci	ty of Lacey and, if	awarded, my ontract with the City of Laco	ey.	
			ty insurance in an	amount commensurate wit	h the	
organization, and a signed	agency and only	after the service bursement form	is rendered, paid	cually incurred by my for if provided by a third pa ed to the City, including cop		
SIGNATURE		PRINTE	D Name	Dате		

SUPPLEMENTAL QUESTIONS

	RIPTION OF TOURISM-RELATED ACTIVITIES OR EVENT:				
PROVIDE AN ESTIMATE OF THE NUMBER OF PARTICIPANTS WHO WILL ATTEND THE EVENT/ACTIVITY IN 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):				
Ho	W WILL THE FUNDS RECEIVED INCREASE THE NUMBER OF PEOPLE TRAVELING FOR BUSINESS OR PLEASURE ON A P:				
•	W Do Services Promote and Enhance Tourism for Lacey: Describe the tourism promotion impact on the economy of the City of Lacey, specifically lodging, fo service sectors, and community facilities. Provide copies of proposed promotional material.				
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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	Φ	
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. 		
	include progress to date to become sen-funded.		
10.	HAVE YOU RECEIVED CITY FUNDS IN THE PAST:	YES	No
11.	IS THIS APPLICATION FOR NEW FUNDS: YESNO 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