



PUBLIC NOTICE

The City of Ocean Shores is soliciting applications for project or program funding through excess funds provided by the City's Lodging Tax Program.

Requests should be consistent with local tourism-related efforts, and applicants must be able to demonstrate and provide the following:

- Other funding sources for the project
- Project benefit to the community especially tourism-related projects that increase overnight stays in Ocean Shores
- A list of the board and/or committee members
- The organization project schedule
- The organization's involvement in similar past projects

Individuals and organizations are invited to submit funding applications September 1, 2023 through September 29, 2023.

For applications and additional information, please visit the City's website: www.osgov.com.

Completed applications are due by **September 29, 2023 at 4:00 PM** at the James Building (Attn: City Clerk), 548 Point Brown Ave NE, Suite B (PO Box 909) Ocean Shores, WA 98569 or by email to slogan@osgov.com.

The first meeting of the Lodging Tax Advisory Committee will be determined at a later date.



**CITY OF
OCEAN SHORES
LODGING TAXFUNDS
APPLICATION**

ORGANIZATION/AGENCY INFORMATION

Organization/Agency		Federal Tax ID Number		
Contact Name		Title		
Mailing Address		City	State	Zip
Work Phone	Cell Phone	Fax	Email Address	

The operation and capital expenditures of tourism related facilities owned or operated by the municipality or public facility district.

Tourism marketing and Convention Center Sales.

The operation (but not capital expenditures) of tourism related facilities owned or operated by non-profit organizations.

The marketing and operations of special events and festivals, including for profit organizations.

Events/Festivals: _____

<i>Name of Event/Festival</i>	<i>Location</i>	<i>Date</i>
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Amount Requested: \$ _____

CERTIFICATION

I hereby state on behalf of _____ that:
Organization/Agency Name

Tourism Promotion Activities or Tourism-Related Facilities:

This is an application for a contract with the City of Ocean Shores and, if awarded, my organization/ agency intends to enter a Tourism Promotion Agreement with the City of Ocean Shores.

Events/Festivals:

The applicant has, or can obtain, general liability insurance in an amount commensurate with the exposure of the event/festival.

I understand the City of Ocean Shores will only pay the amount awarded upon submission of an invoice and completed Tourism Promotion Agreement.

SIGNATURE	PRINTED NAME	DATE
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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 OCEAN SHORES:

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

3. DESCRIBE HOW YOU WILL ENCOURAGE SUPPORT OF OCEAN SHORES 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 LTACFUNDS FROM THE CITY OF OCEAN SHORES:** 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:** _____

14. **DATE(S) OF EVENT:** _____

15. **SINGLE OR MULTI-DAY EVENT:** _____

16. **PROJECTED ATTENDANCE:** _____

SUBMISSION

APPLICATION DEADLINE: September 29, 2023

REQUIRED DOCUMENTS:

1. **Application and Supplemental Questions:**

- Original (signed)
- 10 copies 3-hole punched, paper clipped, no staples.

Brochures and Other Materials:

- 10 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 Ocean Shores Lodging Tax Advisory Committee
Attn: Sara D. Logan
548 Pt. Brown Ave NW, Ste B
Ocean Shores, WA 98569

QUESTIONS? Sara D. Logan
360-940-7498
slogan@osgov.com