

**CITY OF SHELTON
APPLICATION FOR
2017 LODGING AND TAX FUND MONIES
525 W Cota
Shelton, WA 98584**

1. PROJECT APPLICATION

DEADLINE AUGUST 1 - AUGUST 31

Project Title: _____

Type of Project: Promotion activities Facility Tourism Related Facility

Applicant: _____

Phone: _____ E-mail _____

Address: _____

City: _____ State: _____ Zip: _____

Applicants are: Non-profit Public Agency

Contact Person (if different than applicant): _____

Phone: _____ E-mail _____

Address: _____

City: _____ State: _____ Zip: _____

Amount requested: _____ Applicant's match: _____

Total project budget: _____

To be considered, an application must be complete, adhere to the specified format, and be submitted with six (6) copies of all components.

2. PROJECT SUMMARY

In the space below, provide a concise summary of your request and what it will accomplish. If your request is part of a larger project, you may briefly describe the over-all project. However, please focus the bulk of your answer on the specific element for which you are requesting funding.

3. SCOPE OF WORK

Fully describe the project. Expand your summary paragraph from the Project Summary to address such issues as:

- a. What it is you wish to do?
- b. How and why the community will benefit?
- c. What are the beginning and ending dates of your project?
- d. What measures you will apply to evaluate its success?
- e. Brief history of the event and/or organization

(Ensure that you respond to each portion of the directions.) If you are requesting funds for a specific portion of a larger project, please state that but focus your response on the element for which you are requesting grant assistance. You may use additional pages as necessary. **Attachments to this section should be labeled "3. Scope of Work".**

4. COMMUNITY ECONOMIC IMPACT

Describe, in detail, who you expect to be most attracted by this project. (e.g., visitors outside Shelton, outside of county, out of state, international). Are visitors expected to be primarily day visitors, overnight visitors, or extended stay (more than one night) visitors. If overnight visitors, identify the most likely site of their stay; camping or commercial lodging. **Attachments to this section should be labeled "4. Community Economic Impact".**

5. RESOURCES AVAILABLE FOR EVENT OR FACILITY

What alternatives to Lodging Tax Funding have you, or your organization, explored? **Attachments to this section should be labeled "5. Resources Available for Event or Facility".**

6. MEETS TOURISM OBJECTIVES/BUILDS ON COMMUNITY ASSETS

Based on the evaluation criteria, how does the proposal build on community assets? **Attachments to this section should be labeled: "6. Meets Tourism Objectives/Builds on Community Assets".**

7. PROJECT BUDGET

Please detail the budget for your project. Specify whether your various match items will be cash (C) or in-kind (I/K). **In addition** to completing the chart below, you may **also** submit your budget in a different format, if necessary. **Attachments to this section should be labeled "7. Project Budget"**.

BUDGET SHEET

PROJECT: _____

ITEM	CITY	MATCH*	C	I/K	TOTAL
1.	\$	\$			\$
2.	\$	\$			\$
3.	\$	\$			\$
4.	\$	\$			\$
5.	\$	\$			\$
6.	\$	\$			\$
7.	\$	\$			\$
8.	\$	\$			\$
9.	\$	\$			\$
10.	\$	\$			\$
TOTALS	\$	\$			\$

*While matching funds are not required, the amount of additional funds, supplies, materials and staff time an organization brings to an event is a good measure of that organization's commitment to success.

*Funding for Special Events and Festivals is allowable only for the advertising and promotion to attract tourists. Funds cannot be expended for operating expenses for such events.

8. CASH FLOW REQUIREMENTS

Please indicate, by quarter, when you will need funds from the City. **Attachments to this section should be labeled "8. Cash Flow Requirements".**

QUARTER TO BE REIMBURSED	FUNDS REQUIRED/AMOUNT
1 st (January - March)	\$ _____
2 nd (April - June)	\$ _____
3 rd (July - September)	\$ _____
4 th (October - December)	\$ _____

9. PAST PERFORMANCE

If your group received Lodging Tax monies in the past, describe or respond briefly to the following:

(1) project goals, (2) project budget, (3) were the project goals met, and (4) unanticipated results.
Attachments to this section should be labeled "9. Past Performance".

10. PROJECT TIMELINE

Attachments to this section should be labeled "10. Project Timeline".

MONTH	TASK ITEM
JANUARY	
FEBRUARY	
MARCH	
APRIL	
MAY	
JUNE	
JULY	
AUGUST	
SEPTEMBER	
OCTOBER	
NOVEMBER	
DECEMBER	

11. ATTACHMENTS

Please provide the following information as attachments.

A. NON-PROFITS

1. Copy of state certificate of non-profit incorporation and/or federal copy of 501(c)(3);
2. IRS Tax I.D. number;
3. Copy of articles of incorporation;
4. Copy of most recent approved and proposed budgets of the overall organization;
5. Copy of meeting minutes showing official approval of project and authorization of application or a signed resolution of the board of directors authorizing the application;
6. List of members of the organization's board of directors and principal staff.

B. PUBLIC AGENCIES

1. Copy of meeting minutes approving project and authorization of application or a letter or resolution indicating official approval of project and application.

C. COOPERATIVE PROJECTS

1. Describe reasons for and benefits of cooperative approach;
2. List co-sponsors by title and type;
3. Describe individual project responsibilities of co-sponsors.

D. FOR-PROFITS

1. Copy current/valid Shelton Business License;
2. IRS Employer Tax I.D. number;
3. Mission statement and brief biography of the firm's principals;
4. Most recent fiscal year balance sheet.