**CITY OF POULSBO**



 **2020 LODGING TAX GRANT APPLICATION**

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|  **Applicant/Organization Information** **[ ]  Public** **[ ]  Other** **[ ]  Non Profit** **[ ]  Private**  |
| **Name** |
| **Address** |
| **City** | **State** | **Zip** | **Email** |
| **Organization Purpose or Mission:** |
| **Contact Person** |
| **Name** |
| **Title** | **Phone** |
| **Email** |
|  |
| **Geographic area served by this project** | **Number of people served by this project:** |
| **Date of project (Start to finish):**  |  |
| **2020** **Project** | **Funding Request from the City of Poulsbo: $** | **Organization Match:** **$** | **Total Project Cost:**  |
| **Title and Brief Description of Project; *please be specific on which events will receive Lodging Tax funding.*** |
| **FUNDING SOURCES FOR THIS PROJECT** |
| **List all firm commitments to date to fund this project:** |
| **Source** | **Amount** |
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| **List any other sources of funding you have applied for:** |
| **Source** | **Amount** | **Status** |
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| **Specifically how will this grant be used? What kinds of advertising will be used? How will you distribute the information? How do you document your successes and results?** |
| **Identify the specific tourism audience/market located more than 50 miles from Poulsbo that your organization will target with these funds.** |
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| **How will this project be financed in the future?** |

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| State law RCW 67.28.1816(2) requires organizations to provide estimates of potential economic impact. In addition, *the City requires you to provide a brief description of how you calculated the estimates*. The estimates are specifically for the event, activity or facility for which you are requesting funding. |
| **All recipients must submit a report to the municipality describing the actual number of people traveling for business or pleasure on a trip:** |
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|  | ***Projected*** | ***Actual*** | ***Methodology*** ***(Indirect count? Direct count? Did the hotels supply counts?)*** |
| Overall Attendance |  |  |  |  |
| **Attendees who traveled 50 miles or more to attend:** |
| Total: |  |  |  |  |
| Of total, attendees who traveled from another state or country: |  |  |  |  |
| **Attendees who stayed overnight:** |
| Paid accommodations: |  |  |  |  |
| Unpaid accommodations: |  |  |  |  |
| Paid lodging nights: |  |  |  |  |

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| 1. **Is there any other information you wish to add:**
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**Application Certification**

I attest and affirm I am an authorized agent of the organization/agency applying for funding and the information I have provided in this application is true, complete and accurate. I understand and agree to the following:

* The Lodging Tax Funds, for which the organization/agency is applying, can only be used in accordance with the purposes outlined in RCW 67.28.
* If awarded, the applicant organization/agency will enter into a Tourism Promotion Services Agreement with the City.
* If awarded, the City of Poulsbo will only reimburse those costs actually incurred by the organization/agency and only after the service is rendered, or paid for if provided by a third party, and a signed City of Poulsbo payment form (or other form acceptable to the City) has been submitted to the City, including copies of invoices and payment documentation.
* The agency will be required to submit a mid-year and end-of-the-year report documenting economic impact results in a format determined by the City.

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| **Signatures** |
|  | Date |
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