LODGING TAX GRANT PROGRAM

APPLICATION FOR 2015 FUNDING

A Word version of this application is available at

SUBMISSION DEADLINE: 5 P.M. November 1, 2014.
Please submit original and 8 copies to:
Okanogan County Commissioners
123 Fifth Ave; Room #150
Okanogan, WA 98840

Organization/Event Name: ________________________________________________
Contact Person:____________________________ Title:_________________________
Mailing Address:________________________________________________________
City:____________________ State:____________________ Zip:__________________
Phone:____________ Website:____________________ Email:__________________

Agency Tax ID # (must be non-profit 501(c)(3) or 501 (c)(6)____________________
☐ I have attached a copy of my organizations IRS documentation.

Total Event Promotion Budget_____________________________________________
Event or Project Timeline_________________________________________________
Event or Project Description_______________________________________________

☐ Tourism Event with Matching Funding
☐ Visitor Information Center Operations Funding Request
☐ Year round promotion of community/organization
☐ Facility Funding Request

Amount of Promotion or Facility Funding Requested from Okanogan County Lodging Tax
$_$________________

Section 1 - Proposal Questions

1. Tell us about your Organization/Group and why you think it will increase tourists
   traveling to and staying in Okanogan County. (use additional paper if needed)

_________________________________________________________________________
_________________________________________________________________________
2. Describe how you intend to market/promote your event activity to potential tourists who reside outside Okanogan County (Please include the following information at minimum)
   a. Target Audience.
   b. Timeline for promotional activity (e.g. May through July, 2015)
   c. Promotion methods.
   d. Promotions of overnight stays in Okanogan County lodging establishments.

3. Estimate how any moneys received from lodging tax funding will result in increases in the number of people traveling for business or pleasure to Okanogan County:

4. Describe your target audience:
5. Estimate number of people who will travel 50 miles or more one way and will stay overnight in paid accommodations _______ unpaid accommodations_______

   Estimated number of people who will travel 50 miles or more for the day (not staying overnight)________
   Estimated number of people traveling from another country or state:____________

   Describe your methodology for reaching each of the estimated numbers of travelers above.

   How does the project or event economically benefit the community?

7. Describe performance measures, surveys or other tools your organization will use that will demonstrate accomplishment of your goals. (Mandatory)*

8. Identify other community capital and labor sources available that will ensure your project success: (150 word limit) (Please include the following information at minimum: a. Is lodging Tax funding critical to the success of the event or project? b. What other funding will be applied to the event or project? c. How will your event or project leverage Lodging Tax funding?)

9. Explain how your proposal meets broader community and county objectives: (150 word limit) (Please include the following information at minimum: a. How will this promotion and/or event increase the Lodging Tax Revenue, the goal of this board? b. How does it further the success of your event, community or promotion? Does it coordinate with other scheduled community events, facilities, community promotion and marketing efforts?)

2015 Lodging Tax Funding Application
Okanogan County
Section 2 - EVENT/PROJECT BUDGET

Please specify each project proposed, tourism promotion service or cost, including quantities and types. (Be as specific as possible about the project costs, services, quantities, tourism market, distribution method and cost) Please provide the event budget or project scope of work and budget.

BUDGET SHEET

Project Name: __________________________________________________________

Example of costs:

<table>
<thead>
<tr>
<th>BUDGET ITEM</th>
<th>County Lodging Tax $</th>
<th>(min. 50%) Match $</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advertising/Marketing</td>
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<td></td>
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<tr>
<td>Local</td>
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<td>Printing &amp; Production</td>
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<td>Project</td>
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<td>Building Supplies</td>
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</table>

| TOTAL              | $                    | $                  | $     |
Section 3 - CASH FLOW REQUIREMENTS if funding event promotion (3 points)

If funding is for an event, rather than continuing operations, please indicate, month by month, when you anticipate applying for fund reimbursement. *(Show only County funding on this worksheet.)*

<table>
<thead>
<tr>
<th>MONTH</th>
<th>FUNDS NEEDED</th>
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<tbody>
<tr>
<td>JANUARY</td>
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<td>FEBRUARY</td>
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<td>NOVEMBER</td>
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<tr>
<td>DECEMBER</td>
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</table>
Section 4 - TIME LINE  If funding project (3 points)

Use the chart below to break out your project into its major steps, showing when each will be accomplished and specifying the responsible party. (Not required for general operating grants.)

<table>
<thead>
<tr>
<th>MONTH</th>
<th>TASK ITEM and RESPONSIBLE PARTY</th>
</tr>
</thead>
<tbody>
<tr>
<td>JANUARY</td>
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<td>FEBRUARY</td>
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Okanogan County
Section 5 -REQUIRED ATTACHMENTS (4 points)

Please attach the following information to your application. ALL APPLICANTS MUST INCLUDE A COPY OF “Estimated Event Report Worksheet” for 2015:

NON-PROFITS)
A. Copy of state certificate of non-profit incorporation and/or federal copy of 501 (c) (3), (4), or (6) letter
B. Copy of articles of incorporation
C. Copy of most recent proposed and approved budget of the organization
D. 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
E. List of members of the board of directors

PUBLIC AGENCIES
A. Copy of meeting minutes approving the project and authorization of application OR a letter/resolution indicating official approval of project and application
B. Copy of most recent proposed and approved budgets of the organizations involved

COOPERATIVE PROJECTS
A. Benefits of cooperative approach
B. List of co-sponsors by title and type
C. Project responsibilities for each individual co-sponsor
D. Copy of most recent proposed and approved budget
DECLARATION
I understand the Washington State limitations places on use of Hotel/Motel Tax funds, and certify that the requested funds will be used only for purposes described in this application and established by state law and county policy. I have authority of the organization/entity represented in this application to submit this request for funding on its behalf. I understand the use of funds is subject to audit by the State of Washington.

I declare that the foregoing is true and correct to the best of my knowledge.

________________________________________________________________________
Print Name                              Title

________________________________________________________________________
Signature                              Date
TOURISM EVENT REPORTING FORM

ESTIMATED NUMBERS THAT ATTENDED 2015 EVENT

This form is to be completed and submitted with your 2015 Application.

1. Organization: _______________________________________________________

2. This report covers:
   - Event Name: __________________________ Date: __________
   - Tourism Facility: ______________________ Dates: __________

3. Amount of requested Lodging Tax funds for this event or organization: $ ______________

4. Estimated total number of tourists that attended event or user count for the facility: ____________
   Describe methodology used to determine this figure

5. Estimated number of tourists that stayed overnight in paid accommodation for event or facility.
   Describe methodology used to determine these figures.

6. Estimated number of tourists that might have traveled more than 50 miles one way.
   Describe methodology used to determine these figures.

7. Estimated number of tourists who might have stayed overnight in an unpaid accommodation AND traveling 50 miles or more away from home.
   Describe methodology used to determine these figures.

8. Estimated number of 'day only tourists' that traveled 50 miles or more away from home.
   Describe methodology used to determine these figures.

9. Estimated number of room nights generated due to the event.
   Describe methodology used to determine this figure

10. Any other information that demonstrates the impacts of the festival, event or tourism-related facility (please describe)