

2018 Lodging Tax – Tourism Promotion Project Application

Organization/Event Name:

(Please supply the LTAC with year-round contact information)

Contact Person:

Title:

Mailing Address:

City:

State:

Zip:

Phone:

Website:

Email:

Organization Tax ID # (must be non-profit.)

I have attached a copy of my organizations IRS or Secretary of State of Washington documentation.

Check only one box per application. More than one application may be submitted.

Matching required

Tourism Event with Matching Funding

Destination Marketing Organization (DMO)

Year round promotion of community/organization

Match not required

Visitor Information Center Operations Funding Request

Capital Expenditure Funding Request

1. Project Title: (What is the name of your event or project?)
2. Total Project Budget: Add together funding you expect from all sources and put the total here.
3. Amount of Total Project Budget Requested from Okanogan County Lodging Tax for 2018?
4. Did you receive funding from the County's Lodging Tax last year?
Yes No If Yes, what amount did you receive?

5. Did you apply for city lodging tax last year? Yes No
Have you received funding from City Lodging Tax in the past year?
Yes No
If Yes, what amount did you receive? If No why?
6. How is lodging Tax funding critical to the success of the event or project?
Why do you need LTAC funding?
-

Section 1 - Proposal Questions

1. Tell us about your Event or Project and why you think it will increase tourists traveling to and staying in Okanogan County.

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. (Who are you trying to attract?)

 - b. Length of promotional activity (e.g. May through July, 2016) (N/A for Capital Projects)

 - c. Promotion methods. (How will you advertise or market your event i.e. Facebook, corner stand, print media?)

3. Estimate how any moneys received from lodging tax funding will increase overnight stays in Okanogan County:

How will an LTAC award to your organization increase County overnight stays?

4. If an event or VIC, what will be the overall attendance for your project? ____
What method did you use to arrive at that number?

How many people do you think will attend your event?

How did you come up with that number?

5. What is the estimated number of paid lodging nights?

What method did you use to arrive at that number?_Check one

Direct Count Indirect Count Representative Survey Informal Survey

Structured Estimate Other, if other explain.

6. Please explain how your event or project will meet broader community and county objectives: How will your event or organization contribute to the overall success of the County?

Section 2 – EVENT/PROJECT BUDGET

Please identify in the table below how you intend to budget tourism promotion costs. Please remember that your organization must devote twice the LTAC awarded amount (far right column) in order to be reimbursed the total LTAC award amount, with the exception of a Capital Improvement project or Visitor Information Center operations expense reimbursement.

Project name:

Budget Sheet		
	LTAC Amount Requested	Total Amount Budgeted*
	If this amount is \$100, then----->	This amount must be \$200 or more.
Advertising/Marketing		
Local		
National		
Regional		
Printing & Production		
Project If capital improvements request		
Building Supplies If capital improvements request		
Labor If capital improvements request		
Permits If capital improvements request		
Volunteer Hours		
TOTAL		
*This includes ALL of your budget amounts together for this activity/event.		

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

We may not accept unsigned applications