



Lodging Tax Grant Fund Application

SUBMITTAL CHECKLIST

Place a check mark by each item to indicate your review & inclusion in your submittal packet.

1. ☐ Submit complete application packet by 5:00pm, of the associated due date.
 - o Email application to jfrancis@auburnwa.gov or mail to City Hall (Attention: Jenn Francis), 25 West Main Street, Auburn, WA 98001.
 - o Late applications will not be accepted
2. ☐ All questions on application have been answered in a detailed, yet concise manner.
3. ☐ Application has been reviewed and includes:
 - a. ☐ Signature by a person authorized to bind the agency to a contract
 - b. ☐ Attachments that are no larger than 11" x 17"
 - c. ☐ For Non-Profits, a copy of 501(c)3 or 501(c)6 tax exemption determination letter
☐ N/A
 - d. ☐ Marketing plan for the proposed project
 - e. ☐ Operating budget for the proposed project
 - f. ☐ Your organization's most recent Balance Sheet
 - g. ☐ Your organization's Articles of Incorporation and/or Bylaws
 - h. ☐ Documentation showing your governing body's authorization to submit the grant request
Documentation consists of meeting minutes in which the governing body's resolution, motion or other official action is recorded. Examples include: "The board approves for (individual's name) to submit an Auburn lodging tax funding request, or (Individual's name) has the governing body's authorization to make funding requests for (name of the agency)" or "I am the person organizing this event and am submitting this funding request for (name of event))."
 - i. ☐ List of your current Board of Directors or other governing body of your organization
The list must include names, phone numbers, addresses, and identify the principal officers of your governing body.
 - j. ☐ Signed letter from your governing body Chairperson that provides the name, title, address and telephone number for the person authorized to sign this application.

APPLICATION FOR LTAC GRANT FUNDING

1. Project Information

a. Project

Project Name:

Amount of Lodging Tax Funding Requested: \$
(Amount Requested must match Project Budget column a "Lodging Tax Funding Requested")

Total Project Cost: \$
(Total Project Amount must match Project Budget column c "Total Project Cost")

b. Applicant Organization

Name of Applicant Organization:

Mailing Address:

Tax ID Number:

Organization Unified Business Identifier (UBI):

UBI Expiration Date:

Type of Organization:

(Non-profit, For-profit, Municipality, Private business, etc.)

c. Contact:

Name:

Title:

Telephone:

Email:

Signature: _____

The signatory declares that he/she is an authorized official of the applicant organization, is authorized to make this application, is authorized to commit the organization in financial matters, and will assure that any funds received as a result of this application are used only for the purposes set forth herein, and verifies that all the information contained in this application is valid and true to the best of his/her knowledge.

2. Project Description

- a. Event Date(s):
- b. Event Location:
- c. If there is a charge or fee for this activity, please describe how much and why.
- d. Please provide a detailed, yet concise **scope of work (mandatory)** and/or proposed project/activity. Include information on the area the project will serve, its expected impact and list the responsible party(s).

3. Beneficiaries

Please list and provide specific information regarding all individuals, businesses, areas, or organizations that will directly benefit from the project/activity.

4. Tourism Benefit

- a. Estimate how the funds will increase the amount of people traveling to Auburn to stay overnight in paid accommodations.
- b. Estimate how the funds will increase the amount of people traveling to Auburn from more than 50 miles from their residences.

5. Goals/Monitoring

Describe the goals of the project. Will the project result in an increase in overnight stays by visitors in Auburn? If so, how will this increase be tracked and monitored? How will an increase in the sale of goods and services as a result of the project be measured? What other short or long-term economic benefits will occur and how will that be tracked? Why do you believe those project/activity outcomes are feasible?

Note - Applicants will be required to submit a post-funding report providing pertinent data evaluating tourism benefits resulting from the use of lodging tax funds as compared with the estimates contained in this application.

6. Funding Requirements

Due to funding constraints, partial funding may be recommended by the LTAC. If partial funding is received, how will that impact the project/activity? Please describe:

7. Use of Funds

Provide detail on how the funds will be used. For example, \$20,000 of the funds will be used for marketing, \$5,000 for administration, \$10,000 for Consultants, etc.

8. Project Budget (for non-capital projects). Do not include in-kind contributions.

Income: A diversified funding base is important to the success of any project. Please list all other sources of funding for the project, both anticipated and confirmed and when that funding will be available to the project. Include your own funding, sponsorships, other grants, etc.

Funding Source: List all revenue sources anticipated Do not include requested Lodging Tax Funds	Amount	Confirmed Yes/No	Date Available
	\$		
	\$		
	\$		
	\$		
	\$		

Expenses: Based on full funding, please list project costs.

Note: Certain expenses may not be reimbursable, at the sole discretion of the City of Auburn.

You will only be reimbursed at the authorized rates. Insurance is not an eligible cost.

	Lodging Tax Funds Requested *	Other Funds (Do not include "in- kind" dollars)	Total Project Cost **
Personnel (salaries & benefits)	\$	\$	\$
Administration (rent, utilities, postage, supplies, janitorial services, etc.)	\$	\$	\$
Marketing/Promotion	\$	\$	\$
Direct Sales Activities	\$	\$	\$
Minor Equipment	\$	\$	\$
Travel	\$	\$	\$
Contract Services	\$	\$	\$
Other Describe below	\$	\$	\$
TOTAL COST	\$	\$	\$

In-Kind Contributions	
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9. Funding History

- a. Was this project funded with Auburn lodging tax funds in a prior fiscal year?
- b. If you answered yes to 9a, provide prior years and how much funding was granted.

10. Indicate what efforts have been made to access funding from additional sources?

11. Coordination and Collaboration

Please provide information about any other organizations or agencies involved in this project/activity. Describe their level of involvement. Describe how this project coordinates with other tourism promotion efforts or services in the area, including Chambers of Commerce, local festivals, local lodging and restaurants.

12. Certification

The applicant hereby certifies and confirms:

1. That it does not now nor will it during the performance of any contract resulting from this proposal unlawfully discriminate against any employee, applicant for employment, client, customer, or other person(s) by reason of race, ethnicity, color, religion, age, gender, national origin, or disability;
2. That it will abide by all relevant local, state, and federal laws and regulations;
3. That it has read and understands the information contained in this application for funding and is in compliance with the provisions thereof, and;
4. That the individual signing below has the authority to certify to these provisions for the applicant organization, and declares that he/she is an authorized official of the applicant organization, is authorized to make this application, is authorized to commit the organization in financial matters, and will assure that any funds received as a result of this application are used for the purposes set forth herein.

Signature: _____

_____ Date

Printed Name & Title of Chief Administrator/Authorizing Official