CITY OF SPOKANE
2017 APPLICATION FOR
LODGING AND TAX FUND MONIES
FUNDED IN 2016
808 W. Spokane Falls Blvd.
Spokane, WA 99201

1.   **PROJECT APPLICATION**
          DEADLINE – <mark>WEDNESDAY, OCTOBER 19, 2016 – 5:00 P.M</mark>.

Project Title: _____

Type of Project: _____

Applicant: _____

Phone: _____ E-mail: _____

Address: _____

City: _____ State: _____ Zip: _____

Applicants are: Non-profit _____   Public Agency _____   For Profit _____
(please check)

Contact Person: _____
(if different than applicant)

Phone: _____ E-mail: _____

Address: _____

City: _____ State: _____ Zip: _____

Amount Requested: _____ Matched Funding:_____

Total Project Budget: _____

Please note: If you received funding in the past, please report on how many room nights you generated and how you calculated these resulting rooms.

To be considered, an application must be complete, adhere to the specified format, and be submitted with <mark>seven (7) copies of all components.</mark>

2.   Project Summary

In the space below, provide one paragraph, concise summary of your request and what it will accomplish. If your request is part of a larger project, you may briefly describe the overall 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 #2 to address these issues:

a) **How many bed nights will be generated?**   _____
b) **Is your project new or continued?** _____
c) **How many visitors do you expect to attend your event?** _____
d) **What other agencies are you involved with in your endeavors, i.e. SRCVB?**
    _____
e) **Will you apply for Tourism Promotion Funding (TPA)?** _____

### 4.	Community Economic Impact

Describe in detail who are the expected visitors to be attracted by the proposal (e.g. outside Spokane, 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, commercial lodging, schools, colleges, or universities, etc.

### 5.	Resources Available for this Project

What alternatives to Lodging Tax Funding have been explored? Do you envision this grant as seed money or as part of ongoing funding? If you see it as seed money, how do you envision continuance after the expiration of this grant?

### 6.	Builds Community Assets

Based on the evaluation criteria, how does the proposal build on community assets?

7.   Meets Community Tourism Objectives_____

Based on the evaluation criteria, how does the proposal meet community and Lodging Tax Committee objectives?

8.   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.

ITEM	CITY	AMOUNT	MATCH	(C)	I/K	TOTAL

9.   Budget – Cash Flow Requirements_____

Please indicate, by month, when you will need funds from the City.

MONTH TO BE REIMBURSED	FUNDS NEEDED (AMOUNT)
January	
February	
March	
April	
May	
June	
July	
August	
September	
October	
November	
December	

10.   Project Time Line_____

Please use the chart below to break out your project into its major items, showing when each will be accomplished.

MONTH	TASK ITEM
January	
February	
March	
April	
May	
June	
July	
August	
September	
October	
November	
December	

Return completed applications to:

Spokane City Hall
Office of the City Council
808 W. Spokane Falls Blvd.
Spokane, WA 99201
509-625-6712