

2017 Application for Lodging and Tax Fund Monies - Funded for 2018 808 W. Spokane Falls Blvd.

Spokane, Wash., 99201

#### \*DEADLINE - MONDAY, OCTOBER 23, 2017 - 5 P.M.\*

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

Feel free to use additional pages and attach additional supporting materials.

#### **PROJECT INFORMATION**

Project Title	
Type of Project	
Applicant	
Contact Person (if different than applicant)	
Phone	
E-mail	
Address	
City, State, Zip	
Applicant is: Non-Profit Agency For Profit Agency Public Agency	
Amount Requested	\$
Matched/Other Funding	\$
Total Project Budget	\$

If you received funding in the past, please report on the following regarding attendees and how you reached your calculations:

- A. Total attendees:
- B. Attendees who paid for overnight accommodations:

<ul><li>C. Attendees who traveled more than fifty miles one way from their business or residence and did not pay for overnight accommodations:</li><li>D. Attendees who traveled from another country or state to attend:</li><li>E. Additional information about attendees:</li></ul>
PROJECT SUMMARY
Please provide a brief one-paragraph summary of your request and what your project will accomplish. If your request is part of a larger project, you may briefly describe the overall project, but the bulk of your answer should be focused on the specific element for which you are requesting funding. Note that special events and festivals may request funding for operations and marketing but tourism promotion may only request funds for marketing.

# **SCOPE OF WORK**

Describe v	our project and	expand on	vour summar	v ahove to	answer the fo	llowing	anestions.
Describe y	oui project and	Expand on	your summar	v above to	answer the it	JIIUWIIIE	uuestions.

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A. How many attendees to you expect to attend your event?
B. How many bed nights will be generated?
C. How many attendees do you expect to travel more than 50 miles who will not be paying
for overnight accommodation?
D. Is your project new, continued or an expansion?
E. What other agencies are involved in this project, i.e. SRCVB?
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F. Will you apply for Tourism Promotion Funding (TPA)?
COMMUNITY ECONOMIC IMPACT
Please provide a detailed description of the expected visitor that will be attracted by your
project (e.g. outside or inside the City of Spokane and Spokane County, out of state,
international, etc.). Are visitors expected to be primarily day visitors, overnight guests or
extended stay (more than one night)? If overnight, identify the most-likely type of stay (e.g.
camping, commercial lodging, schools, colleges, etc.)

# RESOURCES AVAILABLE FOR THIS PROJECT

this grand as seed money, expansion money or as part of ongoing regular funding? If you see it as seed or expansion money, how do you envision continuance after the expiration of this grant?
CONANALINITY ACCETS
COMMUNITY ASSETS  How do you believe this project will build on community assets?
COMMUNITY OBJECTIVES
Based on the evaluation criteria, how does the project meet City of Spokane and Lodging Tax Committee objectives as set out in the LTAC Overview?

### **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

### **BUDGET – CASH FLOW REQUIREMENTS**

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

MONTH (2018)	FUNDS NEEDED
January	\$
February	\$
March	\$
April	\$
May	\$
June	\$
July	\$
August	\$
September	\$
October	\$
November	\$
December	\$