



## APPLICATION FOR LODGING TAX FUNDING

Project Name: \_\_\_\_\_

Contact Name/Title: \_\_\_\_\_

Organization Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Funding Category: \_\_\_\_\_ Applicant Status: \_\_\_\_\_

*\*Non-Profits provide copy of 501(c) (3), (4), or (6) letter*

*\*\*For-Profits, Include IRS Tax ID number: \_\_\_\_\_*

1. Amount of Funding Requested from Whatcom County \$ \_\_\_\_\_

2. What percentage of your total project budget does your request for County funds represent? \_\_\_\_\_ %

3. What will the funds you may receive from Whatcom County be used for? Please be specific:

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4. Description of overall project, event, activity or festival.

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Will there be an admission charge for this activity? Yes      No

If so, what will be the cost of admission: \_\_\_\_\_

5. Self Support:

Will the proposed program, project or event endeavor become self supporting in the future: Yes      No

Please explain how soon you expect to be self supporting or if not, why?

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6. Tourism Bureau Contact:

In the past, have you worked with Bellingham/Whatcom County Tourism to promote your project? If so, please provide a letter from Bellingham Whatcom County Tourism confirming the project, program or event and its schedule have been coordinated with Bellingham/Whatcom County Tourism or other programs, projects or events within Whatcom County.

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7. Benefit to County Tourism:

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

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Estimate how the funds will increase the amount of people traveling to Whatcom County to stay overnight in paid accommodations.

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Estimate how the funds will increase the amount of people traveling to Whatcom County from more than 50 miles from their residences:

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8. Event Schedule:

What is your anticipated time frame for this event? When will this event begin and end? If an outdoor activity, are there any weather related constraints?

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9. Tourism Seasons:

From the list below, what season will your project enhance tourism in Whatcom County?

<u>Season</u>	<u>Months</u>
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- |                  |                          |
|------------------|--------------------------|
| Year-round       | (January – December)     |
| Off-season       | (November – February)    |
| Shoulder season  | (October or March – May) |
| Near Peak season | (June, September)        |
| Peak season      | (July – August)          |

10. Additional Information:

Provide any additional information which will assist the Lodging Tax Advisory Committee in evaluating your project and its benefit to Whatcom County.

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11. Project Budget: (For this proposal only. Not for entire agency)

**Income from sponsorships, grants, donation and admission fees:**

If you are requesting or anticipating receiving funding for this activity from another source, please list each source and amount requested/anticipated.

Amount requested or anticipated:	Source:	Date funding to be announced
\$ _____	_____	_____
\$ _____	_____	_____
\$ _____	_____	_____
\$ _____	_____	_____
\$ _____	_____	_____
\$ _____	Total income requested/anticipated	

  

<u>Expenses for this activity</u>	<u>Total</u>
Personnel: (salaries & benefits)	\$ _____
Administration: (office expenses including copies, rent, Janitor, phone, taxes, office supplies, etc.)	\$ _____
Marketing/Promotion:	\$ _____
Travel:	\$ _____
Consultants: (specify below)	\$ _____
Construction:	\$ _____
Other Activities: (specify below)	\$ _____
<b>TOTAL EXPENSES:</b>	<b>\$ _____</b>

Explanation of consultant costs or other activities listed above:

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12. Can you operate this project with reduced funding from Whatcom County?

Yes            No            If yes, list priorities below.

Priority 1 (full) funding:            \$ \_\_\_\_\_

Priority 2 (partial) funding            \$ \_\_\_\_\_

Explain the project differences in the amount listed as funding priorities 1 and 2.

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13. Has your project received Whatcom County Lodging Tax funds in prior years?

Yes            No

**If yes, please provide the following information regarding prior year's project.**

How much funding did you receive last year?            \$ \_\_\_\_\_

How many participants and spectators traveled 50+ miles to attend last year's activity?            \_\_\_\_\_

How many attendees were from out of State or Country?            \_\_\_\_\_

How many attendees paid for overnight lodging?            \_\_\_\_\_

How many paid lodging nights are attributed to the event?            \_\_\_\_\_

Total expenses for last year's program:            \$ \_\_\_\_\_

Total revenue generated from spectator fees/admission. \$ \_\_\_\_\_

Total cash donations and sponsorships obtained  
for last year's activity. \$ \_\_\_\_\_

Did you create a year-end reserve for this project? \$ \_\_\_\_\_

How many days did your event occur? \_\_\_\_\_

Did you follow your work plan as described in  
last year's application? Yes No

Please explain:

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*(Use additional pages if necessary)*

14. Application Certification:

The applicant hereby certifies and affirms;

1. That it does not now, nor will it during the performance of any contract arising from this application, unlawfully discriminate against any employee, applicant for employment, client, customer, or other person who might benefit from said contract, by reason of age, race, color, ethnicity, sex, religion, creed, place of birth, or degree of handicap;
2. That it will abide by all relevant local, state and federal laws and regulations;
3. That it has read the information contained in this application and understands and will comply with all 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.

Certified By: (signature) \_\_\_\_\_

(print name) \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_



## **Evaluation and Ranking:**

The Whatcom County Lodging Tax Advisory Committee will review the applications, hold a public meeting, and make recommendations to the County Council for funding allocations. In the review and consideration of applications, the Lodging Tax Advisory Committee will recommend preference to those proposals which:

- Coordinate marketing efforts as established through a collaborative effort between Whatcom County and Bellingham/Whatcom Tourism
- Demonstrate the opportunity to increase overnight lodging during the “shoulder-season” and “off-season”, as opposed to the peak tourist season
- Leverage additional funds beyond Whatcom County Lodging Tax funds
- Demonstrate ability toward eventual self-sufficiency within three years.

## **Considerations:**

Money allocated to projects is expected to result in a return of economic investment to the County. Not-for-Profit organizations will be given preference. Does organization have the ability to increase its revenues, either by raising fees, charging for admissions, brochures? Projects during October – May (the off season) are encouraged. Matching funds are not required but organizations with multiple sources of funds are encouraged.