

# Application for:

# **City of Union Gap**

# FY 2018 Union Gap Lodging Tax & Tourism Promotion Grant Funds

## LATEST DATE & TIME FOR SUBMIT YOUR APPLICATION

No Later than 5:00 pm on August 22, 2017

Incomplete and/or late applications will not be considered. Applications may not be changed or amended by the applicant after the submission deadline.

SUBMIT TO:

City of Union Gap Attn: LTAC Committee PO BOX 3008 Union Gap WA 98903



### Lodging Tax Advisory Committee (LTAC) 2016 – 2017 Membership

Dan Olson, Chair Greg Lybeck – State Fair Park Tom Denlea – Best Western Plus Ahtanum Inn Rich Austin – Yakima Valley Sports Commission Paul Strater – Central Washington Agriculture Museum

## City Staff

Karen Clifton – Finance & Administrator Director Teresa Lopez – Clerk / Finance Technician

#### Schedule:

| Application deadline      | . 08/22/2017 |
|---------------------------|--------------|
| Oral presentation to LTAC | 09/12/2017   |
| Award letter mail out     | 01/23/2018   |



#### **ORGANIZATION / AGENCY INFORMATION**

| Organization/Agency  | Federal Tax ID N | Number                            |                             |
|--|------------------|-----------------------------------|-----------------------------|
| Contact Name   | Title            |                                   |                             |
| Mailing Address  | City             | State                             | Zip Code                    |
| Work Phone Fax   | Email Address    |                                   |                             |
| <ul> <li>Tourism Promotion activities</li> <li>Tourism-Related Facility</li> <li>Events/Festival:</li> </ul> |                  |                                   |                             |
| Name of Event<br>Non-Profit (attach copy of current non-p<br>Public Agency                                   | -                | Location<br>ation with Washingtor | Date<br>Secretary of State) |
| Amount Requested: \$   |                  |                                   |                             |

CERTIFICATION

| I hereby state on behalf of |                            | That: |
|-----------------------------|----------------------------|-------|
|                             | Organization / Agency Name |       |

Tourism Promotion Activities or Tourism-Related Facilities:

This is an application for a contract with the City of Union Gap and, if awarded, my organization/agency intends to enter into a Municipal Service Contract with the City of Union Gap.

Events/Festivals:

The application has, or can obtain, general liability insurance in an amount commensurate with the exposure of the event/festival.

I understand the City of Union Gap will only reimburse those costs actually incurred by my organization/agency and only after the service is rendered, paid for if provided by a third party, and signed Request for Reimbursement form has been submitted to the City, including copies of invoices and payment documents.

Printed Name



SUPPLEMENTAL QUESTIONS

Description of Tourism-related activities or event:

| Do you rely solely on LTAC funds from the City of Union Gap:                              | Yes                    | □ NO |
|---|------------------------|------|
| Have you received City funds in the past:   | Yes                    | □ NO |
| Is this application for new funds   | □ Yes                  | □ NO |
| If you answered YES to increase funds, describe the reason for the                        | e increase:            |      |
|   |                        |      |
|   |                        |      |
| Budget Information How will the funds be divided with                                     | hin the budget?        |      |
| Supplies \$   |                        |      |
| Advertising \$  |                        |      |
| Operating   | _                      |      |
| Rentals §   | _                      |      |
| Travel \$<br>Other ( ) \$   | _                      |      |
|   | _                      |      |
| Tourism Information The event must generate overnight stays in U                          | nion Gap Hotels/Motels |      |
| Number of Attendees from a Fifty (50) Mile Radius are Expected:                           |                        |      |
| Number of Union Gap Overnight Stays Expected to be Generated                              | :                      |      |
| Marketing Information T (11)  | ., ,.                  |      |
| Marketing Information Target should be at least a 50 m<br>Type of Advertising to be Used: | lle raalus away        |      |
| .,  |                        |      |
| Advertising Target Audience:  |                        |      |
|   |                        |      |
|   |                        |      |

Please attach extra pages if needed



SUBMITTAL INSTRUCTIONS

#### APPLICATION DEADLINE: AUGUST 22, 2017

SUBMIT ORIGINAL AND 10 COPIES TO: City of Union Gap

City of Union Gap Attn: LTAC Committee 107 W Ahtanum Road PO BOX 3008 Union Gap, WA 98903

#### **REQUIRED DOCUMENTS:**

- 1. Completed and signed application
- 2. Completed supplemental questions
- 3. An itemized budget in the amount you are requesting from the City.
- 4. (Example, if you are requesting \$3,000 in LTAC funds from the city, provide detail about what the \$3,000 will be used for)
- 5. Optional: If you provide brochures and supplemental information about your event or organization, include 10 copies.
- The City Council has authorized the LTAC to advise and make recommendations to the City Council regarding the annual allocation of revenue received from the special excise taxes on lodging collected within the City. The City Council is the funding authority for all Hotel Motel Excise Tax grant funding received by the City. LTAC may recommend full or reduced funding to the City Council. The Council has the authority to either accept or deny those recommendations.