



Application for City of Airway Heights Lodging Tax Funds

Amount of Lodging Tax Request: \$ _____

Organization / Agency Name: _____

Federal Tax ID Number: _____

Event or Activity Name (if applicable): _____

Contact Name and Title: _____

Mailing Address: _____ City: _____

State: _____ Zip: _____ Phone: _____ Email Address: _____

Check all service categories that apply to this application:

_____ Tourism Marketing & Promotion

_____ Operation of a Special Event / Festival designed to attract tourists

_____ Operation of a Tourism Promotion Agency

_____ Operation of A Tourism-Related Facility owned or operated or non-profit organization

_____ Operation and/or Capital Costs of a Tourism-Related Facility owned by a municipality

Check which one of the following applies to your agency:

_____ Non-Profit (**Attach a copy of current non-profit corporate registration with Washington Secretary of State**)

_____ Public Agency

_____ Cooperative Project

CERTIFICATION

I am an authorized agent of the organization/agency applying for funding. I understand that:

- I am proposing a tourism-related service. If awarded, my organization intends to enter into an agreement with the City; provide liability insurance for the duration of the contract naming the City as additional insured and in an amount determined by the City; and file for a permit to use City property, if applicable.
- The City of Airway Heights 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 a signed Request for Reimbursement form (or other form acceptable to the City) has been submitted to the City, including copies of invoices and payment documentation.
- My agency will be required to submit a report documenting economic impact results in a format determined by the City.

Supplemental Questions - You may use a separate sheet of paper for answers

Signature: _____ Date: _____

Printed or Typed Name: _____

1. Describe your tourism-related activity or event.

- If an event, list the event name, date(s), and projected overall attendance.

- Describe why tourists will travel to Airway Heights to attend your event/activity/facility.

2. Some estimates in this question are required by State Law.

As a direct result of your proposed tourism-related service, provide an estimate of:

- Overall attendance at your proposed event/activity/facility _____
- Number of people who will travel more than 50 miles for your event/activity _____
- Of the people who travel more than 50 miles, the number of people who will travel from another country or state _____
- Of the people who travel more than 50 miles, the number of people who will stay overnight in Airway Heights or the Airway Heights area _____
- Of the people staying overnight, the number of people who will stay in PAID accommodations (hotel/motel/bed-breakfast) in Airway Heights or Airway Heights area _____
- Number of paid lodging room nights resulting from your proposal _____
(Example: 25 paid rooms on Friday and 50 paid rooms on Saturday = 75 paid lodging room nights)

What methodology did you use to calculate the estimates?

3. Describe the prior success of your event/activity/facility in attracting tourists.

4. Is there a host hotel for your event (yes or no) If yes list the host hotel.

5. Describe your target tourist audience (location, demographics, etc).

6. Describe how you will promote your event/ activity/ facility to attract tourists.

7. Are you applying for Lodging Tax funds from another community (yes or no)? If yes, list the other jurisdiction(s) and amount(s) requested.

8. What will you cut from your proposal or do differently if the full funding for your request is not available or recommended?

9. Describe how you will promote lodging establishments, restaurants, and businesses located IN THE CITY OF AIRWAY HEIGHTS.

10. Describe benefit to local businesses and community.

MATCHING FUNDS SHEET

Matching funds are not required; however, this sheet shows the LTAC your level of commitment and organization. Use this chart to set forth the matching funds to be contributed to the project.

PROJECT EXPENSES	TOTAL PROJECT COSTS (\$)	LTAC REQUEST AMOUNT	MATCH AMOUNT (\$)	OTHER REVENUE SPECIFY	OTHER REVENUE SPECIFY	OTHER REVENUE % OF COSTS
<i>Personnel Costs</i>						
Other (Identify)						
Other (Identify)						
<i>Subtotal: Personnel Costs</i>						
<i>Operating Costs</i>						
Rent / Lease						
Utilities						
Telephone						
Postage						
Supplies						
Mileage						
Other (Identify)						
Other (Identify)						
<i>Subtotal: Operation Costs</i>						
<i>Professional Services</i>						
Consultant						
Engineering						
Other (Identify)						
<i>Subtotal: Professional Services</i>						
<i>Construction Costs</i>						
Materials / Supplies						
Construction Costs						
Other (Identify)						
Other (Identify)						
Property Acquisition						
Equipment Purchase						
Other (Identify)						
Other						
<i>Subtotal: Construction Costs</i>						
TOTAL (All Categories)						