



2020

**TOURISM / ECONOMIC DEVELOPMENT
APPLICATION FOR LODGING TAX FUNDING**

SUBMITTAL DEADLINE: October 1, 2019, 5:00 p.m.

PLEASE SEND (1) COPIES TO:

CITY OF ARLINGTON
238 N. OLYMPIC
ARLINGTON, WA 98223

Attention: Kristin Garcia, Finance Director

APPLICATION AVAILABILITY AND DEADLINE

The City of Arlington is accepting applications from public and non-profit agencies for projects that promote economic development and tourism in the City.

Applications are available on the City's Website at www.arlingtonwa.gov or by contacting the Finance Department at 360-403-3421. Applications can be picked up at 238 N. Olympic Avenue Arlington, WA 98223.

Completed applications are due **by 5:00 p.m. on October 1, 2019**. Applications must be submitted to the Finance Office, Attention: Kristin Garcia, Finance Director at 238 N. Olympic Avenue Arlington, WA 98223, or can be emailed to kgarcia@arlingtonwa.gov. It is the responsibility of the applicant to confirm receipt of the application. **Faxed applications will not be accepted.** Please submit one copy of your application. Please do not double side your application and please do not use any other paper size that 8 ½ x 11.

To be eligible for consideration, your complete proposal must be received by the deadline, (incomplete grant applications will not be reviewed and will not be eligible for funding). Please submit a separate application for each event or project requested for funding.

APPLICATION REVIEW SCHEDULE

Each proposal submitted will be considered by the Lodging Tax Advisory Committee (LTAC) for recommendation to the City Council for final decision. The committee shall have the authority to negotiate concerning the content of any applicant's proposal. The review and award schedule is tentatively as follows;

Applicant Training	August 21, 2019 Council Chambers 2 p.m.
Application Period Open	August 30, 2019
Application Due Date	October 1, 2019
LTAC initial review period	October 7 - 29, 2019
Joint Meeting with LTAC/City Council	October 30, 2019
Applicant Interviews	October 30, 2019 City Hall, 1 p.m. – 5 p.m.
LTAC review period	November 1 - 6, 2019
Recommendation to council	November 25, 2019
Council action	December 2, 2019
Contracts mailed to successful applicants	December 3 - 16, 2019

LTAC COMMITTEE STRUCTURE

RCW 67.28.1817 outlines the requirements of the lodging tax committee and states that membership must include at least two members who are representatives of businesses required to collect the tax and at least two members who are persons involved in activities authorized to be funded by the tax. The committee shall include a voting member who is an elected official of the city.

LODGING TAX – WHAT CAN IT FUND?

Authorized uses of lodging tax can be found within RCW 67.28.1816 at <http://app.leg.wa.gov/RCW>.

Lodging taxes can be used for;

- Tourism marketing,
- Marketing and operations of special events and festivals,
- Operations of tourism-related facilities owned by non-profit organizations.
- Operations and capital expenditures of tourism related facilities owned by municipalities.

APPLICATION PACKAGE REQUIREMENTS

GENERAL REQUIREMENTS

All Applicants:

- ◆ Two letters of recommendation; each letter should explain the writer's relationship to the project and/or sponsor, the writer's qualifications for commenting on the project, and the writer's opinion of the benefits of the proposed project.
- ◆ At least one of the letters of endorsement must be from an establishment offering overnight accommodations in the City of Arlington; failure to abide by this requirement shall result in disqualification of your application even if it meets all other criteria.
- ◆ A minimum 33% match (of total project costs) is required to be eligible to receive funding.

Non-Profits:

- ◆ Copy of state certificate of non-profit incorporation and/or Federal 501(c) (3) letter
- ◆ Copy of Articles of Incorporation
- ◆ Copy of current mission and goals statement
- ◆ Copies of financial statements for the **two most recent years:**
This should include beginning cash balances, a listing of annual actual revenues, a listing of annual actual expenditures, and the resulting ending fund cash balances. (Beginning cash balance plus revenues minus expenditures equals the ending cash balance.)
- ◆ Copy of meeting minutes from the Board of Directors authorizing the submission of this application for Hotel-Motel Funds.

Public Agencies:

- ◆ Copy of meeting minutes showing official approval of project and authorization for this application.

Cooperative Projects:

- ◆ Description of reasons for and benefits of cooperative approach
- ◆ List of all co-sponsors by title and type (a co-sponsor is an organization providing monetary or other in-kind support to the project. In-kind support may include but not limited to; marketing, providing the venue, printing, distribution and/or volunteer hours)
- ◆ Description of individual project responsibilities of co-sponsors
- ◆ Letters from co-sponsors endorsing projects, citing responsibilities and agreeing to participate

Successful applicants will be required to enter into a contract with the City to provide reimbursement. Reimbursement by the City will be due after performance under the contract is complete.

Application for 2020 Lodging Tax Grant Funding

Name of the Organization:

Federal Tax Number:

UBI Number:

Project Title:

Contact Person (*person who wrote or has the most knowledge about this application*):

Name:

Mailing Address:

City:

State:

Zip:

Phone:

Email Address:

Signature:

Project Sponsor (*person with legal authority to sign contract with the City*).

Name:

Mailing Address:

City:

State:

Zip:

Phone:

Email Address:

Signature:

Sponsor is (please check one:

Non-Profit

Public Agency

Other, please explain

Co-Sponsor:

Organization Name:

Phone Number:

Contact Person Email Address:

Phone Number:

Amount Requested: \$

(Cannot exceed 66% of total grant)

Match: \$

(Minimum 33% match required)

Total Project Budget: \$

PREDICTED ATTENDANCE & OVERNIGHT STAYS

Predicted Attendance: (year)

- Capacity available for venue:
- Attendance that will travel 50+ Miles:
- Attendance, Out of state, or Out of Country:
- Attendance, local – travel less than 50 miles:
- Estimated number of overnight stays from this event:

Past Attendance – From the same or similar past event: (year)

- Capacity available for venue:
- Attendance that did travel 50+ Miles:
- Attendance, Out of state, or Out of Country:
- Attendance, local – travel less than 50 miles:
- Estimated number of overnight stays from this event:

Please explain (type or write legibly) any significant variations between predicted attendance and past attendance, if applicable.

SELECTION OF TOURISM GOALS

Successful applicants must also demonstrate that the activity contributes toward the following tourism goals. Please select the tourism goals applicable to your event or project. Mark as many as apply. In the project description section, include a brief narrative describing how your activity accomplishes one or more of these goals;

- Increase hotel occupancy in the City of Arlington by creating overnight stays.
- Increase overnight stays during the off season.
- Provide visitor attractions and/or promote the area's existing attractions.
- Demonstrate city-wide economic benefit.
- Advertising special events, festivals, meetings or retreats that encourage visitor attendance.
- Establish, maintain or enhance visitor friendly infrastructure – restrooms, signage, information centers, and facilities.
- Use existing facilities for events that promote visitor attendance.
- Developing key community assets such as parks and trails.
- Creating or continuing partnerships with existing organizations that promote events and visitors.
- Innovative new activities that promote tourism.
- Encourages repeat visits.
- Free community events
- Family friendly events.

PROJECT DESCRIPTION

Include a brief narrative describing how your activity accomplishes one or more of the goals selected

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	

Please use the space below to provide any necessary background on elements of your project time line.

SELECTION AND AWARD PROCESS

Funding of the program and specific awards are dependent on recommendations of the City's Lodging Tax Advisory Committee (LTAC). The LTAC will receive all applications and recommend a list of qualified projects and funding levels that will be forwarded to the City Council for final determination. Funds will be awarded on a scoring criteria, and applicants will be notified following City Council decision.

REQUEST FOR REIMBURSEMENT

Funding is provided on a reimbursement basis only. Request for reimbursement, along with supporting documentation, must be mailed or dropped off at; Attn: Finance Department 238 N. Olympic Avenue Arlington WA 98223. **Projects must be completed by December 31, 2020 and final requests for reimbursement must be received by January 8th, 2021.**

REPORTING REQUIREMENTS

Successful applicants will be required to submit an annual report of lodging tax expenditures for festivals, special events and tourism related facilities owned by local jurisdictions or non-profit organizations describing the actual number of people traveling for business or pleasure on a trip. The annual report is attached for your convenience. **The annual report must be submitted to the finance department on or before the applicant's last request for reimbursement, no final reimbursements will be made without completed annual report. A copy of the report is provided on page 13 and 14.**

APPLICANT CHECKLIST

Must be included with application:

Signed application.

Two letters of recommendation, at least one letter of endorsement from an establishment offering overnight accommodations in the City of Arlington.

Non-profits, copy of state certificate of non-profit incorporation and/or Federal 501(c) letter.

Copy of Articles of Incorporation.

Copy of current mission and goals statement.

Copies of financial statements for the **two most recent years**:
This should include beginning cash balances, a listing of annual actual revenues, a listing of annual actual expenditures, and the resulting ending fund cash balances. (Beginning cash balance plus revenues minus expenditures equals the ending cash balance.)

Copy of meeting minutes from the Board of Directors authorizing the submission of this application for Hotel-Motel Funds (does not apply to public agencies).

Fill in Sections:

Page 4, Application - General Information

Page 5, Project Budget

Page 6, Predicted Attendance & Overnight Stays for each event

Page 7, Selection of Tourism Goals

Page 8, Project Description (provide brief narrative).

Page 9, Project Time Line, with necessary background on elements of your project time line.

Cooperative Projects:

Description of reasons for and benefits of cooperative approach.

List of all co-sponsors by title and type.

Description of individual project responsibilities of co-sponsors

Letters from co-sponsors endorsing projects, citing responsibilities and agreeing to participate.

Public Agencies Only:

Copy of meeting minutes showing official approval of project and authorization for this application.

GRANT APPLICATION RATING FORM

Criteria	Points Possible	Application Question	Points Awarded
Co-Sponsors	15 pts. Yes = 15 No = 0	Page 4, Application	
Attracts tourists from at least 50 miles away	20pts. Yes 20 No = 0	Page 6, Predicted Attendance	
Attributable Lodging Stays	20 pts. 0 = 0 1 – 25 = 5 26 – 75 = 10 76 – 150 = 15 More than 150 = 20	Page 6, Predicted Attendance	
Supports City Tourism Goals	30 pts. Yes 30 No = 0	Page 7, Project Description	
Length of Impact	15 pts. Date specific = 5 Seasonal = 10 (2 or more days) Year Round = 15	Page 9, Project Timeline	

Total points = 100. Funding will be awarded proportionally based on the number of points (i.e. applications with a higher score will receive a higher proportionate share of the total grant funding available to be awarded).

Lodging Tax Annual Expenditure Report

Organization:	
Activity Name:	
*Activity Type (Select one)	<i>Event/ Festival Marketing Facility</i>
Start Date	
End Date	
Funds Requested	\$
Funds Awarded	\$
Total Activity Cost	\$

** If more than one event is included in grant, please fill out one report for each event.*

Attendance Information:

Overall Attendance <i>Enter the total number of people predicted to attend this activity, the actual number of people who attended this event activity, and select the method used to determine the attendance.</i>	Predicted:	
	Actual (Estimated)	
	*Method	
	Please Explain	

****Please Select Method determine:** *Direct or Indirect Count; Representative or Informal Survey; Structured Estimate; Other or N/A*

Attendance, 50+ Miles <i>Enter the total number of people who travelled greater than 50 miles predicted to attend this activity, the actual number of people who travelled greater than 50 miles to attend this activity, and select the method used to determine the attendance.</i>	Predicted:	
	Actual (Estimated)	
	**Method	
	Please Explain	

****Please Select Method determine:** *Direct or Indirect Count; Representative or Informal Survey; Structured Estimate; Other or N/A*

Attendance, out of State, Out of Country <i>Enter the number of people from outside the state and country predicted to attend this activity, the actual number from outside the state and country who attended this activity, and select the method used to determine the attendance.</i>	Predicted:	
	Actual (Estimated)	
	**Method	
	Please Explain	

****Please Select Method determine:** *Direct or Indirect Count; Representative or Informal Survey; Structured Estimate; Other or N/A*

Continued:

<p>Attendance, Paid for Overnight Lodging <i>Enter the number of predicted to attend this activity and pay for overnight lodging, the actual number of people who attended this activity and paid for overnight lodging, and select the method used to determine the attendance.</i></p>	Predicted:	
	Actual (Estimated)	
	**Method	
	Please Explain	

<p>Attendance, Did Not Pay for Overnight Lodging: <i>Enter the number of predicted to attend this activity without paying for overnight lodging, the actual number of people who attended this activity without paying for overnight lodging, and select the method used to determine the attendance.</i></p>	Predicted:	
	Actual (Estimated)	
	**Method	
	Please Explain	

****Please Select Method determine:** Direct or Indirect Count; Representative or Informal Survey; Structured Estimate; Other or N/A

<p>Paid Lodging nights <i>Total projected and estimated actual number of paid lodging nights. One Lodging night = one or more persons occupying one room for one night.</i></p>	Predicted:	
	Actual (Estimated)	
	**Method	
	Please Explain	

****Please Select Method determine:** Direct or Indirect Count; Representative or Informal Survey; Structured Estimate; Other or N/A

<p>Notes <i>Please enter any additional information about this use of lodging tax funds.</i></p>	
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