



2023

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

SUBMITTAL DEADLINE: - October 3, 2022, 5:00 p.m.

PLEASE SEND (1) COPIES TO:

CITY OF ARLINGTON
238 N. OLYMPIC
ARLINGTON, WA 98223
ATTN: Kristin Garcia, FINANCE DIRECTOR

OR

Email to: kgarcia@arlingtonwa.gov

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 3, 2022**. Applications must be submitted to the Finance Office Attn: Kristin Garcia, Finance Director at 238 N. Olympic Avenue Arlington, WA 98223. **Applications can be emailed to kgarcia@arlingtonwa.gov. It is the responsibility of the applicant to confirm whether an application has been received by the city.**

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;

Application Training Session	August 31, 2022
Application Period Open	September 1, 2022
Application Due Date	October 3, 2022
Applicant Interviews	Will be scheduled if necessary
Council action	November 7, 2022
Contracts mailed to successful applicants	November 14, 2022

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/promotion,
- Marketing and operations of special events and festivals,
- Operations of tourism-related facilities owned or operated by non-profit organizations.
- Operations and capital expenditures of tourism related facilities owned by municipalities.

APPLICATION PACKAGE REQUIREMENTS

GENERAL REQUIREMENTS

All Applicants:

- ◆ Completed Application
- ◆ 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.
- ◆ A minimum 25% match (of total project costs) is required to be eligible to receive funding.
- ◆ Completed W-9.

Non-Profits:

- ◆ Copy of state certificate of non-profit incorporation and/or Federal 501(c) (3) letter.
- ◆ Copy of meeting minutes from the Board of Directors authorizing the submission of this application for Hotel-Motel Funds.

Public/Private Agencies:

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

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. An annual expenditure report will be required for final reimbursement, an example of the report is on page 13 and 14.

Application for 2023 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 _____

Check all categories that apply to this application per RCW 67.28.1816:

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

Amount Requested: \$ _____, (Cannot exceed 75% of total grant)

Match: \$ _____ (Minimum 25% match required)

Total Project Budget: \$ _____

PROJECT BUDGET

Please detail the budget for your project. Remember that though the City will pay no personnel costs (wages, benefits, etc.), such costs are eligible as a portion of your matching portion. The City can pay a share of such costs as postage, design and layout of printed materials, printing, and communications.

- *Please specify whether your various match items will be either cash (C) or in-kind (I/K). If you have both provide dollar amount for each type of match.*

Project Title: _____

Activity Type (Select one) *Event/ Festival* *Marketing* *Facility*

Start Date: _____ **End Date:** _____

Location of Event Project: _____

One Time Event Yes No *If no, please describe the sustainability of future funding for this event;*

Item	City (not more than 75% of Grant)	Match Minimum 25% required	<i>For Match Indicate C=Cash I=In-Kind</i>		Total line item cost.
1.	\$	\$	C		\$
			I		
2.	\$	\$	C		\$
			I		
3.	\$	\$	C		\$
			I		
4.	\$	\$	C		\$
			I		
5.	\$	\$	C		\$
			I		
6.	\$	\$	C		\$
			I		
Totals:	\$	\$			\$

Please include a description and/or documentation to support in kind contributions.

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 TOURSIM 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 from the last page.

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, 2023 and final requests for reimbursement, along with the annual expenditure report, must be received by January 10th, 2024.**

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
- _____ Non-profits, copy of state certificate of non-profit incorporation and/or Federal 501(c) letter
- _____ Copy of meeting minutes from the Board of Directors authorizing the submission of this application for Lodging Tax Funds (does not apply to public agencies)
- _____ Signed W-9

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.

GRANT APPLICATION RATING FORM

Criteria	Points Possible	Application Question	Points Awarded
City of Arlington hotels included in marketing materials	10 pts. Yes = 10 No = 0	N/A	
Organization partnered with City of Arlington hotels to create overnight package or other promotion to encourage overnight stays	10 pts. Yes = 10 No = 0	N/A	
Attracts tourists from at least 50 miles away	20 pts. Yes 20 No = 0	Page 6, Predicted Attendance	
Attributable Lodging Stays	15 pts. 0 = 0 1 – 25 = 5 26 – 75 = 10 76 – 150 = 15 More than 150 = 25	Page 6, Predicted Attendance	
Supports City Tourism Goals	30 pts. Yes 30 No = 0	Page 7, Tourism Goals	
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:

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>	Predicted:	
	Actual (Estimated)	
	**Method	
	Please Explain	

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>	Predicted:	
	Actual (Estimated)	
	**Method	
	Please Explain	

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

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>	Predicted:	
	Actual (Estimated)	
	**Method	
	Please Explain	

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

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