



## LODGING TAX FUNDING APPLICATION

### APPLICATION CONSIDERATIONS

The Lodging Tax Advisory Committee uses a scoring rubric tool during the application selection process. Some questions on this application will indicate an affiliated score value, which will be used for scoring. Scores will be considered by the committee but are not the final determining factor for award selections.

This online application does not have an auto-save feature. A word document version of the application is available to help draft your submission, if needed.

Supplemental attachments will be uploaded at the end of this application.

Questions fields with a star (\*) indicate a required field, information must be completed for application consideration.

### APPLICATION CATEGORY

Please review the categories below and select which application type you are applying for. One application per unique activity must be submitted.

#### **Special Event/Festival**

A planned public or social occasion designed to attract tourists. Events/Festivals may be single occurrences or a series of occurrences during the funding year.

#### **Tourism Promotion/Marketing Activities**

Activities, operations, and expenditures designed to increase tourism, including but not limited to advertising publicizing, or otherwise distributing information for the purpose of attracting and welcoming tourists; developing strategies to expand tourism; operating tourism promotion agencies; and funding the marketing of or the operation of special events and festivals designed to attract tourists.

#### **Tourism-Related Facility**

Real or tangible personal property with a usable life of three or more years or constructed with volunteer labor that is: owned by a public entity or owned by a nonprofit organization used to support tourism, performing arts, or to accommodate tourist activities.

Application Type

## ORGANIZATION INFORMATION

Organization Name \*

Activity Name \*

Are you a Non-Profit or Public Agency? \*

Non-profits must upload a copy of their current non-profit corporate registration with the Washington Secretary of State.

Federal Tax ID Number \*

City of Lacey Business License Number

If your activities take place in Lacey or the Lacey UGA this is required.

Contact Name \*

Title \*

Organization Mailing Address \*

Please use your business address, including city, state, and zip code.

Phone Number \*

Email Address \*

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## ABOUT YOUR EVENT/FESTIVAL, TOURISM PROMOTION/MARKETING ACTIVITIES, OR TOURISM-RELATED FACILITY

1. Location: Where is your special event, facility, or organization located? (10 points)\* Please include the city and specific location.

**2. Is your activity or organization new? (10 points) \***

An event, activity, or program is considered new if it is three years old or less. This does not include cancelled events.

**3. Tourist Attraction: Describe your activities (20 points) \***

Describe how your activities appeal to tourists, including those greater than 50 miles away, and how your activities will increase tourism in Lacey.

**4. Frequency of Activity (20 points) \***

**5. Date of Activity (10 points) \***

List the date(s) your activities will occur.

**6. Marketing: How will your activities promote and enhance tourism in Lacey? (20 points) \***  
Explain how you will market activities and promote tourism in Lacey or the Lacey UGA. Provide examples of your marketing materials. Upload your examples at the end of this application; no more than 20 pages total.

**7. Safe, Inclusive, and Welcoming: (10 points) \***  
Describe how your activities reinforce the City's commitment to being a safe, inclusive, and welcoming place for all. Include who your target audience is.

**8. Community and Business Collaboration: (20 points) \***  
Describe how your activities appeal to local businesses. List any businesses you have collaborated with if applicable.

9. **Have you reserved any lodging or held rooms in Lacey for your activities? \***  
If yes, list the lodging establishment and City. Include the number of rooms reserved or held.
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### **TOURIST IMPACT**

Provide an estimate of the number of attendees/participant you anticipate participating in your activities for each category. If none, enter zero.

These figures may include tourists, volunteers, vendors, entertainers, etc.

**Estimated attendees/participants \***

Overall estimated attendance/participants for your activity.

**Estimated attendees/participants who will travel 50 miles or more \***

**Estimated attendees/participants who will travel from out-of-state or country\***

**Estimated paid overnights \***

Stays with paid overnight accommodations.

**Estimated unpaid overnights \***

Stays without paying for overnight lodging.

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### **BUDGET INFORMATION**

**Funding Request \***

How much lodging tax funding are you requesting from the City of Lacey for your activities?

**Itemized expenses \***

List your estimated expenses and amounts for your request. Upload an attachment if needed.

**What is the total budget for your activities? \***

Provide the total cost of your activities.

**Financial Sustainability (10 points) \***

List your top 5 primary sources of funding for your activities.

### **Funding Assistance \***

Please list all other sources of funding you have requested for your activities, including other lodging tax funding. List the organization and amount.

### **Previous City of Lacey Funding \***

Have you received lodging tax funding from the City of Lacey in the past?

### **Are you asking for increased funding? \***

If yes, explain why.

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## **FILE UPLOAD**

Upload the following documents as applicable:

- A copy of your current non-profit corporate registration with the Washington Secretary of State
- Examples of marketing materials (no more than 20 pages total)
- An itemized budget for your funding request

## **SUBMISSION DETAILS**

### **Application Deadline:**

August 30, 2024

### **Required Documents:**

- Completed application
- Examples of marketing materials
- A copy of non-profit corporate registration (if applicable)

**Questions:**

Sadie Siglin  
Management Analyst  
360-456-7788  
LodgingTax@cityoflacey.org

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**PUBLIC RECORDS NOTICE**

The information entered and any supplemental attachments for this application may be considered a record subject to public review.

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**CERTIFICATION**

By checking the boxes below, I hereby state on the behalf of the above referenced Organization/Agency that:

**Presentation Acknowledgement\***

I acknowledge that in addition to this application, I may be required to provide the committee a supplemental presentation that is anticipated to occur September 19, 2024.

**Contract Acknowledgement\***

I acknowledge that this is an application for a contract with the City of Lacey and if awarded, my organization intends to enter into a Municipal Services Contract with the City of Lacey.

**Information Certification\***

I declare that the information provided in this application is accurate and correct.

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