



City of Marysville Hotel/Motel Tax Tourism Grant Application

Applicant Information

Name of Organization: _____

Address: _____

City / State / Zip: _____

Type of Organization: _____

Federal Tax ID*: _____

*If your organization is a non-profit listed with the Washington Secretary of State, please include a copy of your current status with this application.

Description of Organization (products, services, mission, etc.): _____

Primary Contact: _____

Phone: _____ Home Work Mobile

Email: _____

Project Information

Name of Project/Event: _____

Proposed Date(s) of Activity: _____

Description of Activity. Include details about the audience, mission or scope of the activity, timeline, impacts, etc:

Proposed Location(s) of Activity: _____

Description of how the Activity will promote tourism and/or meet the requirements in RCW 67.28.1816:

Is this new Activity? If not, how many times/years has it been held in the past?

Yes

No

Number of times/years it has been held in the past: _____

What are the plans to improve the Activity's success?

Has your organization received City funds from the Tourism Grant (Hotel/Motel Tax Grant) in the past?

Yes

No

Has your organization received a Tourism Grant award from the City for THIS SPECIFIC ACTIVITY in the past?

Yes

No

How will your organization use the funds, if it receives a grant award?

How and where will your organization promote the Activity?

Estimated total cost of Activity?* \$ _____

*Please attach a detailed budget for the estimate provided above to this application.

Funding Requested: \$ _____

Balance of project cost: \$ _____

How does your organization plan to fund the balance not covered by a grant award?

When are the funds for the balance available? _____

Tourism Participation Estimates

PLEASE PROVIDE A NUMBER ESTIMATE, NOT A RANGE FOR THE QUESTIONS BELOW

Anticipated attendance: _____

Estimated number of people traveling 50+ miles from their Washington residence/business to attend/participate: _____

Estimated number of people from outside of WA to attend/participate: _____

Please describe the methodology used for attendance estimates:

Estimated number of people staying in paid, overnight lodging: _____

Estimated number of people staying in unpaid accommodations: _____

Total projected paid lodging nights (1+ persons in 1 room per night): _____

Please describe the methodology used to estimate overnight stays:

How do you plan to promote overnight stays within the City of Marysville?

Co-Sponsors and Support Organizations

Co-Sponsor Organization Name (if applicable)*:

Co-Sponsor Contact Name: _____

Co-Sponsor Address: _____

Co-Sponsor Phone / Email: _____

*Please attach a copy of any Letters of Support as appropriate.

Attach additional sheets of Co-Sponsor Support as needed.