



**CITY OF PROSSER
LODGING TAX FUNDS
APPLICATION**

ORGANIZATION/AGENCY INFORMATION

_____ Organization/Agency		_____ Federal Tax ID Number	
_____ Contact Name		_____ Title	
_____ Mailing Address		_____ City	_____ State Zip
_____ Work Phone	_____ Cell Phone	_____ Fax	_____ Email Address

Tourism Promotion Activities
 Tourism-Related Facility
 Events/Festivals: _____
Name of Event/Festival
Location
Date

Non-profit *(Attach copy of current non-profit corporate registration with Washington Secretary of State)*
 Public Agency

Amount Requested: \$ _____

CERTIFICATION

I hereby state on behalf of _____ that:
Organization/Agency Name

Tourism Promotion Activities or Tourism-Related Facilities:

This is an application for a contract with the City of Prosser and, if awarded, my organization/agency intends to enter into a Municipal Services Contract with the City of Prosser.

Events/Festivals:

- The applicant has, or can obtain, general liability insurance in an amount commensurate with the exposure of the event/festival.
- I understand the City of Prosser 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 has been submitted to the City, including copies of invoices and payment documentation.

SIGNATURE PRINTED NAME DATE

SUPPLEMENTAL QUESTIONS

DESCRIPTION OF TOURISM-RELATED ACTIVITIES OR EVENT:

1. PROVIDE AN ESTIMATE OF THE NUMBER OF PARTICIPANTS WHO WILL ATTEND THE EVENT/ACTIVITY IN EACH OF THE FOLLOWING CATEGORIES:

- Stay **overnight in paid accommodations** away from their place of residence or business:

- Stay **overnight in unpaid accommodations** (with friends or family) and travel **50 miles or more one way** from their place of residence or business:

- Stay for the **day only** and **travel more than 50 miles or more one way** from their place of residence or business:

- **Attend but are not included** in one of the categories above:

- Estimated number of participants in **any of the above categories** that attend from **out-of-state** (includes other countries):

HOW WILL THE FUNDS RECEIVED INCREASE THE NUMBER OF PEOPLE TRAVELING FOR BUSINESS OR PLEASURE ON A TRIP:

2. HOW DO SERVICES PROMOTE AND ENHANCE TOURISM FOR PROSSER:

- Describe the tourism promotion impact on the economy of the City of Prosser, specifically lodging, food service sectors, and community facilities.
- Provide copies of proposed promotional material.

3. DESCRIBE HOW YOU WILL ENCOURAGE SUPPORT OF PROSSER BUSINESSES, RESTAURANTS, AND RETAIL:

4. IDENTIFY IF THERE IS A HOST HOTEL FOR THE EVENT: _____

5. WHAT IS TARGET AGE GROUP(S): _____

6. DESCRIBE COMMUNITY APPEAL AND/ OR SUPPORT: _____

7. **DO YOU RELY SOLELY ON LTAC FUNDS FROM THE CITY OF PROSSER:** YES ___ NO ___
 • Provide an itemized list identifying each type of expenditure to be reimbursed.
8. **IDENTIFY YOUR TOP 5 SOURCES OF REVENUE:**
- | | |
|----------|----------|
| 1. _____ | \$ _____ |
| 2. _____ | \$ _____ |
| 3. _____ | \$ _____ |
| 4. _____ | \$ _____ |
| 5. _____ | \$ _____ |
9. **DO YOU PLAN TO BECOME SELF-FUNDED:** YES ___ NO ___
IF YES...
 • Include your plan to become self-funded.
 • Include progress to date to become self-funded.
10. **HAVE YOU RECEIVED CITY FUNDS IN THE PAST:** YES ___ NO ___
11. **IS THIS APPLICATION FOR NEW FUNDS:** YES ___ NO ___ **OR INCREASED FUNDS:** _____ YES ___ NO ___
12. **IF YOU ANSWERED YES TO INCREASED FUNDS, DESCRIBE THE REASON FOR THE INCREASE:**

13. **EVENT LOCATION:** _____ **o** PROSSER **OTHER** _____
14. **DATE(S) OF EVENT:** _____
15. **SINGLE OR MULTI-DAY EVENT:** _____
16. **PROJECTED ATTENDANCE:** _____



APPLICATION DEADLINE: October 8, 2023 at midnight

REQUIRED DOCUMENTS:

1. **Application and Supplemental Questions:**
 - Original (signed).
- Brochures and Other Materials:**
 - 8 copies 3-hole punched, paper clipped, no staples.
2. A copy of your agency's current non-profit corporate registration with the Washington Secretary of State. A copy of the online record is sufficient.
3. An itemized budget in the amount you are requesting from the City. As an example, if you are requesting \$5,000 in LTAC funds from the City, provide detail about what the \$5,000 will pay for.
4. A copy of your organizations business plan and annual budget.

SUBMIT TO:
 City of Prosser (LTAC)
 Toni Yost
 PO BOX 1639
 1002 Dudley Ave
 Prosser, WA 99350

QUESTIONS?
 Toni Yost
 509-786-8215
 tyost@ci.prosser.wa.us