

LODGING AND TOURISM COMMITTEE



CITY OF SELAH

REQUEST FOR FUNDS APPLICATION

APPLICANT INFORMATION

NAME OF ORGANIZATION:

Physical Address:

Form of organization:

Website:

Agency Tax ID:

UBI:

CONTACT PERSON:

Name:

Phone:

Email:

Fax:

PROPOSED FUNDING

Can you operate this project with reduced funding?

Priority #1: \$_____ Priority #2: \$_____

Will there be admission charged for this activity?

If yes, how much per person? \$_____

ACTIVITY INFORMATION

Please describe the activity or organization. For festivals or events, include the name, dates of operation and expected number of participants. For operations, include the expected number of visitors.

REQUESTED FUNDING

Please complete the following regarding funding for your event.

Can you operate this project without LTAC Funds?

Priority 1 - Full amount requested:

Priority 2 – Partial amount requested:

Will there be admission charged for this activity?

Please provide estimated number of people traveling out of town to your event

Away from their place of residence or business and staying overnight in paid accommodations: _____

To a place 50 miles, one way, from their place of residence or business for the day or overnight: _____

From another country or state outside of their place of residence or business: _____

COORDINATION AND COLLABORATION

Please provide information about any other organizations or agencies involved in this project/activity and how this project directly contributes to the Selah LTAC Plan.

BUDGET

Income: If you are anticipating receiving partial funding for this activity from another source, please list the source, approximate amount and the status of funding.

Amount	Source	Confirmed	Dates Available	Notes
Total Income:				
What percentage of your project does your request for city funds represent?				

Expense: Please estimate your expected expenses for this event.

Activity	LTAC Funds	Other Funds	Total
Personnel (salaries):			
Administration:			
Marketing/Promotion:			
Direct Sales Activities:			
Minor Equipment:			
Travel:			
Contract Services:			
Other Activities:			
Total Cost:			

THE APPLICANT HEREBY CERTIFIES AND AFFIRMS: 1. THAT IT DOES NOT NOW, NOR WILL IT DURING THE PERFORMANCE OF ANY CONTRACT ARISING FROM THIS APPLICATION, UNLAWFULLY DISCRIMINATE AGAINST ANY EMPLOYEE, APPLICANT FOR EMPLOYMENT, CLIENT, CUSTOMER, OR OTHER PERSON WHO MIGHT BENEFIT FROM SAID CONTRACT, BY REASON OF AGE, RACE, COLOR, ETHNICITY, SEX, RELIGION, CREED, PLACE OF BIRTH, OR DEGREE OF HANDICAP. 2. THAT IT WILL ABIDE BY ALL RELEVANT LOCAL, STATE AND FEDERAL LAWS AND REGULATIONS AND 3. THAT IT HAS READ THE INFORMATION CONTAINED IN PAGES 1, 2, AND 3 AND UNDERSTANDS AND WILL COMPLY WITH ALL PROVISIONS THEREOF.

Certified By (Signature):

Print or type name:

Title:

Date:

FOR LTAC BOARD USE ONLY

Chairperson Signature:

Date:

Accepted/Denied:

Reason:

Amount Approved: