

Winthrop Lodging Tax Advisory Committee
FUNDING REQUEST FORM



Organization/Agency: _____
Federal Tax ID #: _____
Contact Name: _____ Title: _____
Mailing Address: _____
City: _____
State: _____ Zip Code: _____
Contact Phone: _____ E-mail: _____

Marketing funds are requested for:

- A) *Tourism related activities:*
- B) *Tourism related facility:*
- C) *Event/Festival:*

Name of Festival: _____
Location: _____
Date: _____

- D) *Non-profit:*
- E) *Public agency:*

(Attach copy of non-profit corporate registration with Washington Secretary of State)

Amount requested: \$ _____

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Certification

I hereby state on behalf of _____ (organization/agency name) that:

A) For events and festivals the applicant has or will obtain general liability insurance in an amount commensurate with exposure of the event/festival.

B) I understand the Town of Winthrop will only reimburse those cost 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 has been submitted to the Town of Winthrop, including copies of invoices and payment documentation.

Signature: _____

Supplemental Questions

1) Is this application for new funds? Yes No

2) Is this application for increased funds? Yes No

a) If so describe the reason for the increase

3) Description of the tourism related activities or event

4) Event location: _____

5) Date(s) of event: _____

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6) Projected attendance:

a) # Total: predicted actual* method**

b) # Staying over night in paid accommodations:

predicted actual* method**

c) # Did not pay for overnight:

predicted actual* method**

d) # Traveling over 50 miles:

predicted actual* method**

e) # Traveling from another country or state:

predicted actual* method**

f) #Paid Lodging Nights: predicted actual* method**

**Can be provided after event at time of reimbursement*

***Contact Winthrop town clerk for methods to determine actual count*

7) What is the target age group? _____

8) How do you plan to market this event?

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9) Are you relying solely on LTAC funds from the Town of Winthrop for marketing? Yes No

10) If you are seeking multiple sources of support please list source and amounts.

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

11) Do you plan to become self-funded? Yes No

12) Describe the impact of tourism promotion on overnight lodging, food services and community facilities located in Winthrop.

13) Describe how you will encourage support of Winthrop businesses.

14) If there is a host hotel for this event please provide the name.

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Submittal Instructions

Application Deadline May 31st

Submit Original Application to: Town of Winthrop
Michelle Gaines Town Clerk
206 Riverside Ave.
Winthrop, WA 98862

Required Documents:

- 1) Completed and signed application
- 2) Completed supplemental questions
- 3) Copy of online record of non-profit corporate registration (if applicable) is sufficient.
- 3) An itemized budget in the amount requested that, in general, describes how the funds will be used for marketing.
- 4) Please provide any supplemental information that you consider will be helpful.