

# 2021 LODGING TAX FUND APPLICATION

## City of Aberdeen

The City of Aberdeen appreciates your efforts in encouraging tourism and helping to make our community an even better place to live and visit. To assist us in evaluating your request for funding, please fill out the below form as completely as possible. If appropriate, please attach any sketches, plans or diagrams that may help us visualize your project. Once completed, please return this form to the Parks Department.

**Please provide the following information, use additional paper if needed:**

Group Name: \_\_\_\_\_ Project Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone #'s: \_\_\_\_\_ Email: \_\_\_\_\_

Address: Street \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Name of partnering organization(s), if any: \_\_\_\_\_

State and/or Federal Non-Profit entity, tax exempt entity, or government agency tax ID number:

\_\_\_\_\_

Please provide a description of your event/project:

\_\_\_\_\_

\_\_\_\_\_

Amount of funding you are requesting: \$ \_\_\_\_\_

Please indicate what specifically the funding will be used for:

\_\_\_\_\_

Was your project funded by the City of Aberdeen Lodging Tax Fund previously? If yes, please list all of the years and the amounts awarded.

\_\_\_\_\_

\_\_\_\_\_

Provide an itemized budget for the entire event/project (Use additional sheets if necessary):

\_\_\_\_\_

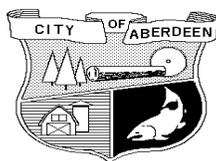
\_\_\_\_\_

Please indicate how you plan to advertise, publicize, or otherwise distribute information for the purpose of attracting visitors and encourage tourist expansion:

\_\_\_\_\_

\_\_\_\_\_

(Complete the Back Side)



Will your project require City Staff to provide any of the following: traffic control, road closures, public safety, transporting equipment, etc. A Fee Schedule is provided, so you can budget accordingly:

Project budget, please describe your 25% match you are contributing and in what form (in-kind or cash), remember you are required to have at least a 25% match. You may attach on a separate sheet if necessary:

Please indicate whether or not there will be a need for future funding:

Please estimate the total number of attendees that will travel more than 50 miles: \_\_\_\_\_

Please estimate the number of stays overnight in paid accommodations: \_\_\_\_\_

Has your organization been involved in a similar project in the past? Please describe:

Please provide a schedule for your project, including dates, times, etc.:

**CERTIFICATION**

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

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

Return completed forms to the Aberdeen Parks Department, attn: Doug Farmer, 200 E Market, Aberdeen WA 98520 or email completed forms to [dfarmer@aberdeenwa.gov](mailto:dfarmer@aberdeenwa.gov)  
Applications due by 5:00 p.m. on Tuesday, November 3<sup>rd</sup>, 2020.

