

**City of Electric City  
2021  
Event Promotion Request  
Hotel/Motel Funds**

<b>For Office Use Only</b>
Approval Date: _____
Amount: _____
Signature: _____

Name of Organization: \_\_\_\_\_

Address/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Organization Contact Person & Title: \_\_\_\_\_

Organization Contact Phone: \_\_\_\_\_

Organization Email: \_\_\_\_\_

Organization Federal Tax ID #: \_\_\_\_\_ UBI Number: \_\_\_\_\_

Organization is a (select one): \_\_\_\_\_ Government Entity  
\_\_\_\_\_ 501 (c) 3  
\_\_\_\_\_ 501 (c) 6  
\_\_\_\_\_ Other \_\_\_\_\_

*(Note: You must submit 501(c)3 or 501(c)6 approval documentation)*

**Supplemental Questions – You may use this form or a separate sheet of paper for answers.**

**1. Description your tourism-related activity of event.**

- **If an event, list the event name, time, dates(s) and projected overall attendance.**

Event Name: \_\_\_\_\_ Event Date: \_\_\_\_\_

Overall Attendance: \_\_\_\_\_

- **Describe why tourists will travel to Electric City to attend your event, activity/facility.**

**2. Some of the following estimates are required by State law.**

<b>As a direct result of your proposed tourism-related service, provide an estimate of:</b>	
a. Overall attendance at your proposed event/activity/facility:	
b. Number of people who will travel more than 50 miles for your event/activity:	
c. Of the people who travel more than 50 miles, the number of people who will travel from another country or state:	
d. Of the people who travel more than 50 miles, the number of people who will stay overnight in Electric City or the Electric City area:	
e. Of the people staying overnight, the number of people who will stay in PAID accommodations in Electric City or the Electric City area:	
f. Number of paid lodging room nights resulting from your proposed event/activity/facility:	

**What methodology did you use to calculate the estimates?** (For example, some entities may ask for zip codes on ticket sales, put up a map at your event for visitors to pinpoint their home, or your event may be able to be tracked by a partner hotel/motel/resort who offers a special rate?)

**3. Describe the prior success of your event/activity/facility in attracting tourists:**

**4. Describe your target tourist audience (location, demographics, etc.):**

**5. Describe how you will promote your event/activity/facility to attract tourists:**

**6. Describe how you will promote lodging establishments, restaurants, and businesses located in Electric City.**

**7. Are you applying for Lodging Tax Funds from another community (yes or no)? If yes, list the other jurisdiction(s) and amount(s) requested:**

**8. What is the overall budget for your event/activity/facility? What percent of the budget are you requesting from Electric City Lodging Tax Fund?**

**9. What will you cut from your proposal or do differently if full funding for your request is not available or recommended?**

## PROPOSAL CERTIFICATION

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The applicant organization hereby certifies and affirms the following:

- The governing body of the applicant organization has approved this application.
- The undersigned is authorized to sign this application on behalf of the applicant organization.
- The information contained in this application is true, correct, and complete and the applicant organization understands and will comply with all provisions thereof.
- That applicant organization will abide by all relevant local, state, and federal laws and regulations.
- That if my application is approved, I will sign the contract within 60 days of the approval date.
- That if my application is approved I will provide the Post Event Report to the City of Electric City in compliance with the application reporting requirements within 60 days of the event and that I may be subject to a state audit of expenditures for the lodging tax funds.

**Certified by:**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name/Title: \_\_\_\_\_

## Submission Checklist

### *For office use only*

Please mark "yes" or "no" to each criteria below:

- \_\_\_\_\_ Applicant filled out the proper application version for this grant cycle.
- \_\_\_\_\_ Applicant answered each question.
- \_\_\_\_\_ A budget is attached which includes revenues, expenses and anticipated profit or loss.
- \_\_\_\_\_ The applicant has signed and dated the certification statement required on page 3 of the Event Promotion Request application.
- \_\_\_\_\_ The application was submitted on time.
- \_\_\_\_\_ Proof of non-profit status is included (if applicable).