CHELAN COUNTY LODGING TAX
2027 GRANT APPLICATION
SPECIAL EVENT OR TOURISM PROMOTION

Organization / Agency Name:

Federal Tax ID Number:

Event / Activity Name:

Event Date:

Amount of Lodging Tax Requested:

Contact Name:

Contact Title:

Mailing Address:

Phone:

Email Address:

Application Category (select one)

☐ Tourism Promotion/Marketing
☐ Operation of a Special Event/Festival designed to attract tourists

Check which one of the following applies to your agency:

☐ Non-Profit
☐ Public Agency

Certification:

I am an authorized agent of the organization/agency applying for funding. I understand that:

- I am proposing a tourism-related service. If awarded, my organization intends to enter into a Municipal Services Contract with the County and provide liability insurance for the duration of the contract naming the County as an additional insured and in an amount determined by the County.
- The County funds may only be used for those costs actually incurred by my organization/agency.
- The County may require accounting documentation including but not limited to original invoices, payroll records, and other payment documentation.
- My agency will be required to submit a report documenting economic impact results in a format determined by the County.
- I understand that if this form is submitted electronically, my typed name on the signature line will qualify as my signature for purposes of the above certification.

Signed: _____ Date:_____

Supplemental Questions

1. Describe your tourism-related activity.

2. As a direct result of your proposed tourism-related service, provide an estimate of:

a. Overall attendance at your proposed event/activity/facility:

b. Number of people who will travel more than 50 miles for your event/activity/facility:

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 Chelan County:

e. Of the people staying overnight, the number of people who will stay in PAID accommodations (hotel/motel, STR, RV park, bed & breakfast):

f. Number of paid lodging room nights resulting from your proposed event/activity/ facility?*(Example: 25 paid rooms on Friday and 50 paid rooms on Saturday = 75 paid lodging room nights):*

The County must also require post event reporting. What methodology will you use to calculate the actual number of visitors? *(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 would your event be able to be tracked by a partner hotel who offers a special rate for your event?)*

3. Describe the prior success of your organization in attracting tourists to your location, events, activities:

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

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

6. Are you applying for Lodging Tax Funds from another community or grants from other organizations? If yes, list the other organization(s) and amount(s) requested:

7. What is the overall budget for your event/activity?*

* Attach a copy of your proposed budget

What percent of the budget are you requesting from Lodging Tax?

Return Completed Application either via email: CM.LTAC@CO.CHELAN.WA.US
Or via USPS/in person: Chelan County Commissioners
ATTN: Paula Mikkelsen
400 Douglas St, Suite 201
Wenatchee, WA 98801