



Event Promotion Request – Hotel/Motel Tax Funds

Event / Organization Name: _____

Address/Zip: _____ Phone: _____

Organization Federal Tax ID #: _____ or Social Security # of Applicant _____

Applicant Name: _____ Home Phone: _____

Address: _____ Work Phone: _____

Fax: _____ E-mail: _____

Event Date(s): _____ Amount of funds requested: _____

Organization Demographics

of full time staff _____

of part time staff _____

of volunteers _____

Year organization was incorporated _____

Has your organization received hotel/motel tax funds in the past yes ____ no ____

If yes, for which year(s) _____ and event(s) _____

Please list names and titles of your Board Members:

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Description of Event

Provide a brief description of the event including an event schedule (use additional sheets if necessary).

Is the event you are seeking funding for collaboration with other agencies? If yes, please list the other agencies and describe the relationship.

Total event cost: \$_____

Request as a percent of total projected cost: _____ %

Revenue Event Budget (attach additional sheets if necessary)

| SOURCES | AMOUNT |
|---------|---------|
| _____ | \$_____ |

| | |
|--------------|----------|
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| TOTAL | \$ _____ |

Expenditures (attach additional sheets if necessary)

| DESCRIPTION | AMOUNT |
|--------------|----------|
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| TOTAL | \$ _____ |

Projected Tourism Benefit

| | |
|---|-------|
| Expected # of participants or spectators? | _____ |
| Expected # of out of town participants or spectators? | _____ |
| Out-of-towners that traveled more then 50 miles | _____ |
| Expected # of room nights generated | _____ |

Please explain how your organization will collect and verify the above information (surveys, registrations, hotel rooms, etc.)

Explain how this event meets the guidelines and criteria for hotel/motel tax funding (attach additional sheets if necessary).

Provide an outline of the marketing plan for the event to be funded by hotel/motel tax funds (attach additional sheets if necessary).

I attest that the information provided in the Event Promotion Request is true, complete and accurate. I understand that the Hotel/Motel Tax Funds being applied for can be used only in accordance with the purposes outline in RCW 67.28.1815 I further agree that if my application is approved by Kennewick City Council that I will provide the "Event Report" to the City of Kennewick in compliance with the application reporting requirements within 30 days after the event and that I may be subject to a state audit of expenditures for the lodging tax funds. Should I furnish any false information in this application, I hereby agree that such act shall constitute denial, suspension or revocation of my application.

Signature: _____ **Date:** _____

Please return to: The City of Kennewick Special Events Team, PO Box 6108, Kennewick, WA 99336.

----- **For Office Use Only** -----

Date: _____ \$ Amount: _____

Approved Mayor's Signature: _____

Thomas Moak, Mayor of Kennewick