



City of Leavenworth – Hospitality and Special Project Grant Funding Application

2020 Grant Deadline for Requests: December 31, 2019

(Applications will be reviewed by the City Council for Allocations by February 11, 2020.)

The purpose of the Leavenworth Hospitality and Special Project Grant is intended for non-profit organizations (Must be 501(c)(3) or 501(c)(6)) to develop and provide program enhancements and services to improve the tourist experience and hospitality within the City of Leavenworth. The City of Leavenworth will consider funding for projects outside of the City of Leavenworth; however, applicants must provide information showing an increase of overnight stays within the City of Leavenworth. Capital related improvement requests must be completed within the calendar year of approval. **This grant program is limited to a maximum of \$7,500 per project and all funds must be expended within the year of award.**

Reporting Requirements

Any group applying for use of lodging taxes **must** provide, as part of their reporting after the completion of the project or service, certain information to meet State regulations. **The following items must be submitted immediately following the completion of the service or 6 weeks after the completion of the project or the City may revoke the funding being requested and require payment back to the City for all disbursed lodging tax funds due to a lack of reporting.**

- A. Total amount spent on project or service.
- B. Total amount of lodging tax funds expended.
- C. The estimated number of individuals who interacted with service or improvements made in each of the following categories:
 - a. Staying overnight in paid accommodations away from their place of residence or business;
 - b. Staying overnight in unpaid accommodations (e.g., with friends and family) *and* traveling fifty miles or more one way from their place of residence or business;
 - c. Staying for the day only *and* traveling more than fifty miles or more one way from their place of residence or business;
 - d. Attending but not included in one of the three categories above.
- D. The Estimated number of individuals in any of the above categories that attended from out-of-state (includes other countries).
- E. A description of methods used to determine estimates made above and to distinguish among the visitor categories at the either participating in the event or using the service.

Reporting requirements are subject to changes by the State of Washington and may be amended from time to time.

CITY OF LEAVENWORTH TOURISM HOSPITALITY AND SPECIAL PROJECT
GRANT APPLICATION FORM

NOTE: This is not the correct application for Festivals and Events.

NAME OF TOURISM HOSPITALITY SERVICE OR PROJECT:

PHYSICAL LOCATION OF SERVICE OR PROJECT:

DATE(S) THAT SERVICE OR PROJECT WILL BE OPERATIONAL:

GRANT AMOUNT APPLYING FOR (\$7,500 Maximum Limit):

\$

IF YOUR APPLICATION IS NOT FUNDED FOR THE ENTIRE AMOUNT LISTED ABOVE, WOULD YOU WANT TO BE CONSIDERED FOR FUNDING OF A LESSER AMOUNT?

_____ YES _____ NO

NAME OF QUALIFYING TAX EXEMPT or NOT-FOR-PROFIT APPLICANT ORGANIZATION (**Must be 501(c)(3) or 501(c)(6)**):

NAME OF QUALIFYING APPLICANT REPRESENTATIVE:

NAME OF PARTNERING ORGANIZATION(S) IF ANY:

NAME OF SERVICE OR PROJECT CONTACT PERSON: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

EMAIL: _____

PHONE: _____

*STATE AND/OR FEDERAL NON-PROFIT ENTITY, TAX EXEMPT ENTITY, OR GOVERNMENT AGENCY

TAX ID NUMBER: _____

NOTE: The Tax ID Number must belong to the Applicant Organization or the active Project Partner named above. The signer of the application and grant agreement must be an official representative of the organization the Tax ID Number belongs to).

***Would a representative from your organization be interested in scheduling a five-minute presentation regarding your project, with the SELECTION COMMITTEE?

YES _____ NO, THANK YOU _____

FINAL DATE FOR APPLICATION SUBMISSION IS DECEMBER 31, 2019 AT 5:00 P.M. ALL APPLICATIONS MUST BE RECEIVED OR POST-MARKED BY THIS DEADLINE. **FAXED OR EMAILED APPLICATIONS WILL NOT BE ACCEPTED.**

APPLICATIONS MUST BE COMPLETE AND MUST INCLUDE A CURRENT STATE OR FEDERAL TAX ID NUMBER. NO EXCEPTIONS. MAKE SURE TO ANSWER ALL QUESTIONS. IF A QUESTION DOESN'T APPLY TO YOUR PROJECT PLEASE ANSWER "N/A".

RETURN TO:

City of Leavenworth
City Clerk
PO Box 287
Leavenworth, WA 98826

TOURISM HOSPITALITY SERVICE OR PROJECT APPLICATION FORM

(You may use additional pages to provide information for each question.)

- 1) Was this tourism hospitality service or project funded in 2019 with a City of Leavenworth Award?
_____ YES _____ NO

If the answer is "YES", what amount was awarded in 2019? _____

Please list all past years this tourism hospitality service or project has been awarded funding through the City of Leavenworth Tourism Grant Program and the amount(s) received:

- 2) Is this tourism hospitality service or project insured? _____ YES _____ NO

Please list the name of the Insurance Policy Provider and Policy Number.

- 3) **Tourism Hospitality Service or Project Description** - Please provide a detailed description of the proposed tourism hospitality service or project. Include information on the people and area that the service/project will serve, or impact.

- 4) **Benefits** - Describe how the service/project will enhance tourism in the City of Leavenworth. Please be sure to quantify the estimated number of visitors and overnight stays that will be supported or generated specifically by this service/project, as well as any other commercial, economic and social benefits that will be realized by the community. Also, please estimate the number of, and/or percentage of people that will benefit from this service/project that will come from a distance greater than 50 miles. (Do not include any direct revenue generated by the service/project. Such information will be asked for in question #6.)

- 5) **Organization Financial Statement** - Please provide a financial statement or general operating budget for your parent organization (This is **not** the specific budget for the service/project).

- 6) **Specific Service/Project Budget** – Please provide a detailed, budget proposal for this service/project, listing all expenditures and projected revenues that will be realized by your organization.

- 7) **Service/Project Budget History** – Please provide an actual, detailed, overall budget for this service/project from the most recent year it existed, listing all expenses and revenues. If this is a new service/project, please answer "N/A". DO NOT LEAVE BLANK.

- 8) **Use of Grant Funding** - Please list, specifically, the items within your proposed budget that the City of Leavenworth funding assistance is intended to be used for. Include specific items and the cost of each.

- 9) **Other Funding Sources** – Please list all other funding sources for this service/project. Also, please tell us what efforts have been made to obtain funding assistance from other sources.

- 10) **Collaboration** – Please provide information about any other organizations or agencies involved or partnering in this service/project. Describe their level of involvement. You may attach up to three letters of support from these organizations or agencies.

- 11) **Coordination and Scheduling** - Please describe how the seasonal timing, dates, scheduling and scope of this service/project have been coordinated with other tourism events, services and projects within the area.

- 12) **Project Evaluation** – Please describe how the service/project will be evaluated to determine if the projected benefits are realized and whether or not it was a success. Be sure to list evaluation criteria that will be used. (How will an increase in tourism and overnight stays be determined? How will an increase in the sale of goods and services as a result of the service/project be measured? What other short or long term economic and social benefits will occur as a result of the service/project?) How will it be determined if it is feasible to continue to offer the service/project in years to come?

APPLICATION CERTIFICATION FORM

"I hereby certify that I, (name of person completing application) _____
represent (organization name) _____ and
have the authority to speak for and bind this Organization to contract with my signature. I also certify that
the information supplied in this application is true and correct and that I have read and understand the
procedures, policies, and guidelines that govern this grant program. Further, I acknowledge that any
variance to the procedures and guidelines governing this program may result in non-reimbursement of any
or all expenditures related to this grant.

Name (Print): _____

Signature: _____

Title & Organization: _____ Date: _____

IMPORTANT!!!

*If your festival/event/service/project is funded with a City of Leavenworth grant, you **must** include the City of Leavenworth logo in all advertising. Further, City of Leavenworth must be listed in advertisements and print materials (where possible) as a sponsor. The logo must appear in a size that is noticeable and proportionate in relation to the ad layout. If you need the logo, please call 509-548-5275 and we will email you a copy, or provide one on a CD or thumb drive.*

*Also, if this grant application is approved, the City of Leavenworth agrees to **reimburse** for expenses described within the application based on compliance with all policies and guidelines set forth in this program, as well as those established by State statutes and City auditing/accounting principles. Any expenses, deemed by the City of Leavenworth, to not be allowed, by either the policies of this grant program, or statutes governing the use of Lodging Tax Funds, will be denied. All funds must be expended within the year of award.*

Further, as required by State statutes, a full post-event report, detailing the total, approximated number of persons attending the event must be submitted. The report must also include the approximated number of overnight stays that were generated by the attendees of the festival/event; the approximated number of day travelers attending the event; the estimated number of persons traveling over 50 miles to attend the event; and the projected number of future, overnight stays and visitors from a distance of greater than 50 miles that were generated by the festival/event.

Authorized Signature/Approval

Date

NOTICE OF INSURANCE REQUIREMENTS TO ALL GRANT RECIPIENTS

A Certificate of Insurance listing CITY OF LEAVENWORTH as additionally insured and including these minimum requirements will be required for all recipients (if funded):

- a. The recipient shall carry General Liability insurance, Comprehensive Automobile Liability Insurance and such other coverage as may be appropriate. The recipient shall complete a Certificate of Insurance, which is to be made part of this Agreement. Such liability coverage must not be less than \$1,000,000 per occurrence and \$2,000,000 aggregate.

Where automobiles or vehicles are used in conjunction with the performance of this Agreement, the recipient and its contractors shall, at their own expense, maintain automobile liability insurance with an insurance carrier licensed to do business in the State of Washington and with minimum coverage as follows: Bodily Injury Liability and Property Damage Liability Insurance, \$1,000,000 each occurrence or combined single limit coverage of \$1,000,000.

- b. CITY OF LEAVENWORTH must be named as an additional insured in respect to this agreement. Such insurance as carried by the recipient is primary.
- c. In the event of non-renewal, cancellation or material change in the coverage provided, thirty (30) days written notice must be furnished to the City prior to the date of non-renewal, cancellation or change.
- d. CITY OF LEAVENWORTH has no obligation to report occurrences unless the claim is filed with the City Clerk and CITY OF LEAVENWORTH has no obligations to pay premiums.
- e. The recipient's insurance policies must contain "cross liability" endorsement substantially as follows: Inclusion of more than one insured under this policy shall not affect the rights of any insured in respect to any claim, suit or judgment made or brought by or for any other insured or by or for any employee of any other insured. The policy shall protect each insured in the same manner as though a separate policy had been issued to each, except that nothing herein shall operate to increase the company's liability beyond the amounts for which the company would have been liable had only insured been named.