

# 2022 Leavenworth Fund

## Notice of Funds Available (NOFA)

NOFA ISSUE DATE: December 1, 2021

APPLICATION DEADLINE: January 31, 2022

The City of Leavenworth announces another opportunity for funding from the Leavenworth Fund! We're making applying for grant funding easier and more transparent!

There is \$58,000 available for Lodging Tax Grant Funding through The Leavenworth Fund for use in 2022.

This funding application replaces several application processes such as "Festival and Event" and "Hospitality and Special Project" grant programs. To apply, an applicant must be a 501(c)(3) or 501(c)(6) organization. The Leavenworth Fund will accept fiscal agent sponsorships.

### FUNDING CATEGORIES

#### 1. Heads in Beds.

Purpose of Funding: to promote activities or events that generate overnight stays in local hotels/accommodations. Uses of funds include, but are not limited to:

- Marketing
- Promotion
- Volunteer Support

#### 2. Operational Support

Purpose of funding: to support nonprofit organizations with a mission focused on the Leavenworth community and that attract tourism, sportsmanship, cultural exchanges, and/or promotion of our city. Uses of funding may include, but are not limited to:

- Personnel
- Operations
- Maintenance
- Capital Investments
- Staffing
- Insurance, etc.

*Debt related requests will not be considered*

- **Minimum** Requested Grant Amount: \$4,000.
- **Maximum** Requested Grant Amount: \$10,000.
- An application does not guarantee funding.
- Funding may be granted at an amount different than requested.
- Applicants may submit multiple requests.
- Term: The grants will be issued for calendar year 2022. Extensions for 2023 and 2024 may be available.

**NOTE: All fields are required. Please fill in accordingly.**

<b>APPLICANT INFORMATION</b>	
1. Email Address:	
2. Name of Agency:	
3. Name of Primary Contact:	
4. Phone Number:	
5. Mailing Address:	
6. Type of funding you are applying for	
<input type="checkbox"/> Heads in Beds – <i>skip to question 7</i> <input type="checkbox"/> Operational Support – <i>skip to question 21</i>	
<b>HEADS IN BEDS</b>	
7. Requested Amount ( <i>please enter an amount between \$4,000 - \$10,000</i> )	
8. Name of Event	
9. Date of Event	
10. Physical Location of Event	
11. Have you held this activity or event in previous years?	
<input type="checkbox"/> Yes – <i>skip to question 12</i> <input type="checkbox"/> No – <i>skip to question 18</i>	
12. On average, what is the number of participants who attended this event/activity and stayed overnight in paid accommodations away from their place of residence or business? <i>If unknown please enter "N/A".</i>	
13. On average, what is the number of participants who attended this event/activity and stayed overnight in unpaid accommodations (i.e., with friends and family) and traveling fifty (50) miles or more one way from their place of residence or business? <i>If unknown please enter "N/A".</i>	
14. On average, what is the number of participants who attended this event/activity and stayed for the day only and traveling more than fifty (50) miles or more one way from their place of residence or business? <i>If unknown please enter "N/A".</i>	
15. On average, what is the number of participants who attended this event/activity and are attending but not included in one of the three categories/questions above? <i>If unknown please enter "N/A".</i>	
16. On average, what is the estimated number of participants in any of the above categories that attended from out of state ( <i>includes other countries</i> )?	

17. Please provide below a description of the methods used to determine attendance and distinguish amount the visitor categories at the event/activity.

18. Please list all of your formal partners below:

19. Please describe how the proposed activity meets the grant making focus area by including description of events and beneficiaries.

20. Please submit the following:

- Work plan
- Organizational budget documentation (*please see our website for template*)
- 501(c)(3) or 501(c)(6) letter or a letter from a fiscal agent
- Insurance certification
- List of your board of directors.

**OPERATIONAL SUPPORT**

21. Requested Amount *(Please enter an amount between \$4,000 - \$10,000).*

22. Please describe below how your organization requires operational support.

23. On average, what is the number of participants who attended this event / activity and stayed overnight in paid accommodations away from their place of residence or business?  
*If unknown please enter "N/A".*

24. On average, what is the number of participants who attended this event / activity and stayed overnight in unpaid accommodations (i.e., with friends and family) and traveling fifty (50) miles or more one way from their place of residence or business?  
*If unknown please enter "N/A".*

25. On average, what is the number of participants who attended this event / activity and stayed for the day only and traveling more than fifty (50) miles or more one way from their place of residence or business?  
*If unknown please enter "N/A".*

26. On average, what is the number of participants who attended this event / activity and are attending but not included in one of the three categories / questions above?  
*If unknown please enter "N/A".*

27. On average, what is the estimated number of participants in any of the above categories that attended from out of state *(includes other countries)?*

28. Please provide below a description of the methods used to determine attendance and distinguish amount the visitor categories at the event/activity.

29. Please submit the following:

- Work plan
- Organizational budget documentation (*please see our website for template*)
- 501(c)(3) or 501(c)(6) letter or a letter from a fiscal agent
- Insurance certification
- List of your board of directors

**APPLICATION DEADLINE – January 31, 2022 at 4:00 PM**

**HOW TO SUBMIT APPLICATION:**

- |                       |                       |  |
|-----------------------|-----------------------|--|
| • Mail:               | • Delivery:           | • Email:   |
| City of Leavenworth   | City of Leavenworth   | Sue Cragun   |
| PO Box 287            | 700 US Hwy 2          | <a href="mailto:scragun@cityofleavenworth.com">scragun@cityofleavenworth.com</a> |
| Leavenworth, WA 98826 | Leavenworth, WA 98826 |  |

**CONTACT:**

If you have questions about the Leavenworth Fund, application process, or anything else, please contact:

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Executive Assistant  
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(509) 668-9077