



SNOHOMISH COUNTY
Tourism Promotion Area

GRANT APPLICATION

THINK BIG. THINK SNOHOMISH COUNTY.

PROJECT INFORMATION

Project Title: _____

Project Dates: _____

Contact Person: _____
(person who wrote or has the most knowledge about this application)

Address: _____

City: _____ State: _____ Zip: _____

Signature: _____ Phone: _____

Project Sponsor: _____
(person with legal authority to sign a contract with the County)

Address: _____

City: _____ State: _____ Zip: _____

Signature: _____ Date: _____

E-mail: _____ Phone: _____

Project Website: _____

Snohomish County Districts Affected by Project: (Check all that apply)	1	(Arlington, Darrington, Marysville)	2	(Everett, Mukilteo, Tulalip)
	3	(Edmonds, Lynnwood)	4	(Bothell, Mill Creek, Mountlake Terrace)
	5	(Lake Stevens, Monroe, Snohomish, Sky Valley)	All	

Applicant is: Non-Profit EIN # _____

Public Agency Tax ID _____

For Profit Entity UBI # _____

Estimated Hotel Room Nights Drawn:	With TPA Support:	Without TPA Support:	Result of TPA support: (“With” minus “Without”)
	_____	_____	_____

Estimated Hotel Revenue: \$ _____
(“Result of TPA support” * \$120.00)

Cost per Occupied Room: \$ _____
(“Amt. Requested from TPA” / “Result of TPA support”)

Total Project Budget: \$ _____

Amount Requested from TPA: \$ _____ Applicant Match: \$ _____

PROJECT SUMMARY

In the space below, provide a one-paragraph (150 words or less) summary of your request and what it will accomplish. If your request is part of a larger project, you may briefly describe the over-all project. However, please focus your answer on the specific element for which you are requesting funding.

SCOPE OF WORK

Fully describe the project. Expand your project summary to address such issues as: what it is you plan to do; the tangible and intangible benefits to the community; visitor impact; how will you evaluate project success; would this project take place without TPA assistance; what methods have you used to project the overnight figures; additionally what methods will you use to report on overnight claims after the fact? If you are requesting funds for a specific portion of a larger project, please so state, but focus your response on the element for which you are requesting funding. The scope should be under 1,000 words. Be brief and brilliant but include any supplemental materials as attachments if needed.

PLAN TO DO:

TANGIBLE BENEFITS TO THE COMMUNITY:

INTANGIBLE BENEFITS TO COMMUNITY:

VISITOR IMPACT:

EVALUATE PROJECT SUCCESS:

WILL PROJECT TAKE PLACE WITHOUT TPA ASSISTANCE:

METHODS TO PROJECT THE OVERNIGHT FIGURES:

METHODS TO REPORT ON OVERNIGHT CLAIMS:

PROMOTION AND MARKETING PLAN

PROJECT TIME LINE

Please use the chart below to break your project into its major elements (planning, development, implementation, and evaluation) and indicate when each task will be completed. Use the space provided to include any necessary background on your project timeline. Expenses must occur at least four months after the grant application month.

Month	Task
January	
February	
March	
April	
May	
June	
July	
August	
September	
October	
November	
December	

APPLICATION HISTORY

Please complete this section with all information related to past applications to and, if applicable, awards from, the Snohomish County Tourism Promotion Area.

Have you applied for TPA funds in prior years? If so, please list dates, amounts and results:

2025: Amount Requested: _____ Result: _____

2024: Amount Requested: _____ Result: _____

2023: Amount Requested: _____ Result: _____

2022: Amount Requested: _____ Result: _____

2021: Amount Requested: _____ Result: _____

2020: Amount Requested: _____ Result: _____

2019: Amount Requested: _____ Result: _____

2018: Amount Requested: _____ Result: _____

EVENT ROOM NIGHT HISTORY

In this section, please provide a history of room nights generated by your event, if recurring. If this is a new event, please list "N/A".

2025: _____ 2024: _____ 2023: _____ 2022: _____

2021: _____ 2020: _____ 2019: _____ 2018: _____

VENUE / FACILITY PLAN

Use this space to inform the Board of the venue(s) / facility(ies) in which the Project will occur.

Primary / Headquarters Venue / Facility: _____

Secondary / Additional Venue(s) / Facilities:

Did your organization solicit multiple venues / facilities?: Yes No

If yes, please provide details of venues / facilities solicited but not selected, and the reason(s) for non-selection:

OTHER COMMENTS

Use this space to inform the Board of additional information that would be relevant in granting your application.