



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: T. Don Phone: _____

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

Address: _____

City: _____ State: _____ Zip: _____

Signature: T. Don 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 BUDGET

Please provide a line item detailed budget for your project. Please specify whether your various match items will be cash or in-kind.

ITEM	REQUEST FROM TPA	MATCH		TOTAL
		CASH	IN-KIND	
TOTAL				

BUDGET NARRATIVE

In the space below please include any information which you feel may provide useful background on your proposed budget, such as source and rate at which matching labor costs are calculated, etc.

PROJECT TIME LINE

Please use the chart below to break out your project into its major elements (including planning, development, implementation, and evaluation), showing when each task will be accomplished. Please use the space below to provide any necessary background on elements of your project time line.

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:

2019: Amount Requested: _____ Result: _____

2018: Amount Requested: _____ Result: _____

2017: Amount Requested: _____ Result: _____

2016: Amount Requested: _____ Result: _____

2015: Amount Requested: _____ Result: _____

2014: Amount Requested: _____ Result: _____

2013: Amount Requested: _____ Result: _____

2012: 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".

2019: _____ 2018: _____ 2017: _____ 2016: _____

2015: _____ 2014: _____ 2013: _____ 2012: _____

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.