

THINK BIG. THINK SNOHOMISH COUNTY.

PROJECT INFORMATION

Project Title:					
Project Dates:					
Contact Person:					
	(person who wrote or ha	ŭ		applicatior	n)
Address:					
City:	Stat	e:		Zip:_	
Signature:				Phon	e:
Project Sponsor: _			. 10 0	•	
A dalar		thority to sign a contrac		County)	
Address:					
City:	Stat	ie:		Zip:	
Signature: Jose	ph Carr			Date:	
E-mail:					e:
Project Website:					
Snohomish County	1 (Arlington, Darr	ington, Marysville)	2	(Everett,	Mukilteo, Tulalip)
Districts Affected by Project:	3 (Edmonds, Lyn	nwood)	4	(Bothell,	Mill Creek, Mountlake Terrace)
(Check all that apply)	5 (Lake Stevens, Snohomish, Sk		All		
Applicant is:	Non-Profit EIN # _				
	Public Agency Tax	ID			
	For Profit Entity UE	3I #			
Estimated Hotel Room With Nights Drawn:	h TPA Support:	Without TPA	Suppor	rt:	Result of TPA support: ("With" minus "Without")
Estimated Hotel Rev ("Result of TPA support" * \$		Cost ("Amt. F	per Occ Requested	cupied F	Room: \$ " / "Result of TPA support")
Total Project Budget	t: \$				
Amount Requested f	from TPA·\$	Annlie	rant Ma	tch: \$	

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	MA	TOTAL	
ITEM	FROM TPA	CASH	IN-KIND	TOTAL
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:		
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 p this is a new event, plea	•	of room nights generate	d by your event, if recu	ırring. If
2019:	2018:	2017:	2016:	
2015:	2014:	2013:	2012:	
•	n the Board of th	ne venue(s) / facility(ies)	·	
Primary / Headquarters	Venue / Facility	<i>'</i> :		
Secondary / Additional	Venue(s) / Facil	ities:		
Did your organization s	olicit multiple ve	nues / facilities?:	Yes	No
If yes, please provide d for non-selection:	etails of venues	/ facilities solicited but n	ot selected, and the rea	ason(s)

OTHER COMMENTS

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