



**City of Centralia Lodging Tax Application
For Budget Year 2025**

Deadline – 3:30 pm on Monday, September 16, 2024

Please read carefully and include all information. Omitting requested information could result in low scoring and your application will not move forward. Keep your answers clear, concise and to the point of the question. **Only information included in your application will be considered.**

**Applications received after the deadline will not be considered.
The applicant is responsible for confirming timely delivery.**

Applications must be delivered to: Centralia City Clerk's Office
118 W. Maple St., Centralia, WA 98531

ORGANIZATION/PROJECT INFORMATION

Organization Name	
Project Name	
Project Coordinator	
Date of project	
Amount requested	\$
Total Project Amount	\$

GENERAL GUIDELINES:

The City of Centralia Lodging Tax Advisory Committee is accepting proposals for tourism related services to be provided during the calendar year 2025 and paid for from Centralia's lodging tax fund. Following the proposal deadline, the Committee will make its recommendations to the Centralia City Council who will make all decisions for the use of lodging tax fund. Please read carefully and include all requested information, if applicable. Feel free to use extra pages for additional information. If handwritten, it must be legible.

- Proposals are to be for tourism promotion for the marketing and operation of special events and festivals conducted during the calendar year 2025. These funds could also be used to fund the operations of tourism-related facilities.
- City of Centralia considers lodging tax funded proposals only from government agencies or non-profit organizations.
- Lodging Tax Advisory Committee will consider, but discourages, proposals of less than \$2,500.
- Proposals must comply with Federal, State of Washington, and City of Centralia laws and requirements. NOTE: The City of Centralia may not use public funds in any way that can be construed as a gift to an individual or organization.
- Proposals must completely address the questions and all requested supplemental information must be provided. Incomplete proposals will not be considered by the Lodging Tax Advisory Committee. Please be sure your organization name is on the top of all pages of your submittal.
- Documents submitted to the City of Centralia are public records and eligible for release to the public.
- City staff will verify incorporation status of the non-profit agencies that submit service proposals by checking the Washington Secretary of State's on-line corporation records.
- To be considered, one fully completed and signed original application PLUS SIX (6) complete copies with supporting documents must be received by the Centralia City Clerk at Centralia City Hall, 118 W. Maple Street by 3:30 p.m. on Monday, September 16, 2024.

NOTE: Incomplete or late proposals will not be considered.

APPLICANT CONTACT INFORMATION

Name	
Street Address	
City, ST, Zip Code	
Mailing Address (if different from street address)	
Current Home Phone	
Current Work Phone	
Current Cell Phone	
Current E-Mail Address	
Agency Tax ID Number	
Organization Unified Business Identifier (UBI)	
UBI Expiration Date	

Type of Organization: *501(c) 3* *501(c) 6* *Government Agency*

Organization's mission statement or purpose (one or two sentences)

Founded what year? _____

REQUIRED INFORMATION Must attach the following:

☐ **Financial Documents**

All applicants must attach their most current business financial statement which is to include balance sheet, income statement and the organization's operating budget for 2024, projected budget for 2025.

☐ **Non-Profit Determination**

Non-profit organizations must submit tax-exemption determination letters from the United States Internal Revenue Service.

☐ **Title and name of hired positions/contracted positions /employees/ list of current Board of Directors**

A list of the current Board of Directors or other governing body of the agency must include the name, phone number, address, email address and must identify the principal officers of the governing body.

Project Description

Please provide a detailed description of the proposed project/activity. Include information on the area the project will serve, its expected impact, and list the responsible party (s).

1. Describe how the project/activity will enhance tourism and result in “heads in beds”.

2. How will this project promote tourism throughout Centralia?

3. How does this project specifically promote tourism?

4. Please tell us how you have collaborated with other entities throughout Lewis County to promote tourism.

5. Why do you feel you should receive funding for this project?

USE OF HOTEL/MOTEL TAX

Please indicate below the types of activities these monies will be used for.

- | | |
|--|---|
| <input type="checkbox"/> TOURISM PROMOTION | <input type="checkbox"/> OPERATION OF TOURISM-RELATED FACILITY |
| <input type="checkbox"/> MARKETING ONLY | <input type="checkbox"/> FESTIVAL OR EVENT DESIGNED TO ATTRACT TOURISTS |
| <input type="checkbox"/> DIRECTIONAL SIGNAGE | |

6. Describe expected results, (measurable outcomes) with the dollar amount for each outcome.

Provide estimates of how any lodging tax dollars will increase the number of people traveling for business or pleasure on a trip under the following scenarios:

7. Away from their place of residence or business and staying overnight in paid accommodations.
8. To a place fifty (50) miles or more one way from their place of residence or business for the day or staying overnight.
9. From another country or state outside of their place of residence or their business.
10. How does the project provide short or long-term economic benefit for the city?
11. Please explain what plans exist to allow this project to become self-sustaining. Include any plans for ticket sales, event sponsors, and other cost recovery models.

PROJECT TIME LINE/TOURISM SEASON:

12. What is your anticipated time line for accomplishing this activity?

13. From the list below in, what season will your project enhance tourism?

SEASON:

EXPLANATION

☐ Year-round

☐ Off-Season

i.e. November - March

☐ Shoulder Season

i.e. May or Sept-Oct

☐ High Season

i.e. June - Aug

14. Is it a seasonal activity appropriate to its location? ☐ Yes ☐ No

SOCIAL MEDIA:**All social media will be reviewed. Please provide the following information:**

Website address _____

Facebook user name _____

Instagram _____

Twitter account name _____

List any other social media your organization uses to promote tourism:

BUDGET:**INCOME:**

If you are anticipating receiving partial funding for this activity from another source, please list the source, approximate amount, and the status of funding.

Amount	Source	Confirmed: YES/NO	Date Available
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Total Income: _____

15. What percentage of your project does your request for Lodging Tax dollars represent? ____%

Project Name:_____

EXPENSE:

Activity	City Funds	Other Funds	Total
Personnel - Staff			
Administration			
Marketing/Promotion			
Direct Sales Activities			
Minor Equipment			
Travel			
Contract Services			
Other Activities			
Total Cost			

Partial funding may be recommended by the LTAC.

Priority 1	Full Funding Request	\$
Priority 2	Minimum Funding Request	\$
Applicant will/can accept no less than this amount		\$

16. If partial funding is received, how will that impact the project/activity? Please describe:

Other Application Comments:Please provide additional information that will assist the committee

REPORTING REQUIREMENTS:

The following estimated information is now **REQUIRED** for entities seeking to use lodging tax revenue and for this application to be considered.

1. Total amount anticipated to be spent: \$
2. Amount requested in lodging tax funds: \$
3. The estimated number of participants who will attend 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:
4. The estimated number of participants in any of the above categories that will attend from out-of-state (includes other countries):
5. A description of methods applicants will use to determine attendance and distinguish among the visitor categories:

Entities receiving lodging tax revenue from this City are required to answer these questions again with **ACTUAL** information **AFTER** your event/activity.

CERTIFICATION

The applicant hereby certifies and affirms that, during the performance of any event/activity/project arising from this application, he/she will provide equal opportunity and access regardless of race, religion, creed, color, national origin, age, sex, sexual orientation, disabled veteran status, veteran status, physical, mental or sensory disability and further certifies and affirms that he/she will abide by all applicable local, State of Washington and federal laws and regulations.

The applicant is also aware of the reporting requirements to the City after the event/activity/project has occurred.

The City of Centralia reserves the right to appropriate some or all of the Hotel/Motel Lodging Tax or reserve it for City projects that fall within the allowable uses of the fund.

Certified By: (Signature) _____ Date: _____

Print or type name _____