



Town of Naches

Lodging and Tourism Funds

Request for Funding Application

Applicant Information

Name of Organization

Physical Address

Form of Organization

Agency Tax ID

UBI Number

Primary Contact Information

Name

Phone

Email

Activity Information

Please describe the activity or organization. For festivals or events, include the name, dates of the event and expected number of participants. For operations, include the name, dates of operation and expected number of visitors:

Will there be admission charged for this activity?

If Yes, how much per person?

Requested Funding

Please complete the following regarding funding for your event

Can you operate without LTAC funds?

Y ☐

N ☐

Priority 1: Full amount requested

\$

Priority 2: Partial amount requested

\$

Estimated number of people who will be traveling out of town for this event	
Estimated number of people traveling away from their place of residence or business and staying overnight in paid accommodations	
Estimated number of people traveling 50 miles, one way, from their place of residence or business for the day or overnight	
Estimated number of people from another county or state outside of their place of residence or business	

Coordination and Collaboration

Please provide information about any other organization or agencies involved in this project/activity and how this project/activity directly contributes to tourism in the Town of Naches:

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?	Date Available	Notes
\$				
\$				
\$				
\$				
\$				

Total Income: \$

What percentage of your project is represented by LTAC funds?

Expense: Please estimate your expected expenses for this event

Activity	LTAC Funds	Other Funds	Total
Personnel (Salaries)	\$	\$	\$
Administration	\$	\$	\$
Marketing/Promotion	\$	\$	\$
Direct Sales Activities	\$	\$	\$
Minor Equipment	\$	\$	\$
Travel	\$	\$	\$

Contract Services	\$	\$	\$
Other Activities	\$	\$	\$
Total Costs	\$	\$	\$

The applicant hereby certified and affirms that,

1. They do not now, nor will it during the performance of any contract arising from the application, unlawfully discriminate against any employee, applicant for employment, client, customer, or other person who might benefit from said contract, by reason of age, race, color, ethnicity sex, religion, creed, place of birth, or degree or handicap;
2. They will abide by all relevant local, state, and federal laws and regulations, and
3. They have read the information contained in the pages of this application and understand and will comply with the provisions thereof.

Signature: _____

Print or type name: _____

Title: _____

Date: _____

For Administrative Use Only Below This Line

Council Decision: ☐ Approved ☐ Denied

If approved: Amount Approved: _____

If denied: Reason: _____

Meeting Date: _____ Vote: #____ Y #____ N

Mayor Signature: _____