

Gillespie County Application For Hotel Occupancy Tax (HOT) Funds - 2019

NOTE: Complete all blanks as applicable, including N/A when the question does not pertain to you.

Organization Information

Date of Application:

Name of Organization:

Address:

City/State/Zip:

Contact Person:

Home Phone:

Cell Phone:

Work Phone:

Email Address:

Website:

Non-Profit:

Yes

No

Federal Tax ID Number:

Current Operating Budget for Proposed Event/Program/Project: \$
(Attach copy)

Current Annual Operating Budget for Applying Entity: \$
(Attach copy)

Previous Year's Operating Budget for Applying Entity: \$
(Attach copy)

Next Year's Projected Annual Operating Budget for Applying Entity: \$
(Attach copy, if available)

Fiscal Year of Organization:

Date Established:

How many years have you received HOT funds for this event/project/program:

List the year (up to three years), the amount of HOT funding received, and the source:

Year: Amount: From:

Year: Amount: From:

Year: Amount: From:

Purpose and Goal of your Organization and Who Benefits from Your Success:

Description or Name of Event/Project/Program:

List current board members, officers, administrative staff, and numbers of members and/or volunteers in organization (provide attachment if necessary):

How many years have you held this event/project/program:

How many people attending this event/project/program will use Gillespie County hotels, motels, or bed & breakfasts (estimate):

How many nights will they stay:

Do you reserve a room block for this event/project/program: Yes No

If so, how many rooms:

How do you measure the impact of your event/project/program on area overnight facilities?

Indicate all promotion efforts your organization is coordinating by placing the amount of funding in the blank committed to each media outlet:

\$	Paid Advertising	\$	Press Releases to Media
\$	Newspaper	\$	Radio
\$	TV	\$	Direct Mailings
\$	Distribution of Brochures	\$	Other (describe)

How do you intend to advertise or promote your event/project/program in another city or county?:

Historic Preservation (if applicable):

Please describe how your historical restoration and preservation activities directly promote tourism and the overnight accommodations industry (add attachments if necessary):

Promotion of the Arts (if applicable):

Please describe how your activities related to this subject directly promote tourism and the overnight accommodations industry (add attachments if necessary):

Enhancement of Tourism (if applicable):

Please describe how your activities related to this subject directly promote tourism and the overnight accommodations industry (add attachments if necessary):

Signature Event or Activity Promoting Overnight Stays (if applicable):

Please describe how your activities related to this subject directly promote tourism and the overnight accommodations industry (add attachments if necessary):

Visitor Information Center Operation (if applicable):

Please describe how your activities related to this subject directly promote tourism and the overnight accommodations industry (add attachments if necessary):

Do you have an itemized budget on how you plan to use the requested Hotel Occupancy Tax?
If yes, please provide information as an attachment.

Yes No

Do you have a marketing/advertising plan, including target audience?
If yes, please provide information as an attachment.

Yes No

Do you have a profit/loss statement or expenditure budget for the event/project/program?
If yes, please provide information as an attachment.

Yes No

If you are applying under the request for advertising funds, will you be utilizing various advertising media to promote your event at least 50 miles outside of Gillespie County?

Yes No

Is the event/project/program at least two days in length to encourage overnight stays?

Yes No

Your request for Gillespie County Hotel Tax funds represents _____ % of your total budget for your event/project/program.

Will there be an admission charge for this activity?

Yes No

If yes, what is the admission fee?

Does the proposed event/project/program plan to become self-supporting in the future?

Yes No

What type of tracking process do you use to determine and justify the number of overnight visitors you are attracting?

Answer the following questions only if the funding request is for a permanent facility such as a museum, park, or visitor center:

Name of event/project/program for which you are requesting funds? If your request is for multiple events/projects/programs, please list each separately and funding requested for each.

Expected annual attendance:

An estimated percentage of the number of annual visitors that are staying in Gillespie County overnight accommodations: _____ %

APPLICANT CERTIFICATION

I hereby certify and affirm that:

(1) I have read the entire information in this application packet and understand and will comply with all provisions therein

(2) I will abide by all relevant local, state, and federal laws/regulations regarding the use of Hotel Occupancy Tax.

Certified by: (signature) _____

Print Name: _____

Title: _____ Date: _____