

Gillespie County Application For Hotel Occupancy Tax (HOT) Funds - 2021

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:

Proposal Information

Does your Event/Project/Program pass Part One of the statutory test, defined specifically as directly enhancing and promoting tourism in Gillespie County AND directly promoting the overnight accommodation industry in Gillespie County by increasing overnight stays?

Yes

No

Does your Event/Project/Program pass Part Two of the statutory test, defined specifically as limiting the use of Hotel Occupancy Tax funds to one or more of the following categories:

- (1) Funding the establishment, improvement, or maintenance of a convention center or visitor information center.
- (2) Paying the administrative costs of facilitating convention registration.
- (3) Paying for advertising, solicitations, and promotions that attract tourists and convention delegates to the county or its vicinity.
- (4) Expenditures that promote the arts.
- (5) Funding historical restoration or preservation programs.
- (6) Funding certain expenses, including promotional expenses directly related to a sporting event within counties with a population of under 1 million.
- (7) Signage directing tourists to sights and attractions that are visited frequently by hotel guests in the county.

Yes

No

If the answer to one of the above two questions is no, you are not eligible for HOT funds and need not continue.

Duration of Event/Project/Program: From: To:

Amount Requested for Event/Project/Program: \$

Date Payment Requested:

Primary Location of Event/Project/Program:

Other Sources of Funding for Event/Project/Program:

Check Which Categories Apply to Your Funding Request:

- Historic Preservation
- Promotion of the Arts
- Enhancement of Tourism
- Event/Program/Project (Promoting Overnight Stays)
- Costs Associated with Visitor Center Information Operation
- Promotional Expenses Directly Related to a Sporting Event
- Signage directing tourists to attractions that are frequently visited by hotel guests

Previous year's number of attendees: Local: Out of Town:

This year's projected number of attendees: Local: Out of Town:

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):

Promotional Expenses to a Sporting Event (if applicable):

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

Signage Directing Tourists to Attractions (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: _____