



TOWN OF EDGEWOOD LODGERS' TAX FUNDING APPLICATION

PART I: PROJECT INFORMATION

Organization Name (As Listed on W9): _____

Event Name: _____

Event Date(s): _____

Event Organizer & Title within Organization: _____

Phone Number of Organizer: _____

Email of Organizer: _____

Organization Address (where the check should be mailed): _____

Contact Person (If different than person who prepares application): _____

Contact Phone and Email for Secondary Person: _____

Event Location: _____

PART 2: PROJECT COST AND FUNDING REQUEST

Lodgers Tax Funding Requested: _____

Total Anticipated Project/Event Cost: _____

Additional Funding Sources: In-kind Contributions: _____

Other Anticipated Sources for Future Development: _____

Anticipated Number of Volunteers: _____

Anticipated Attendance (not including volunteers/staff): _____

PART 3: CRITERIA

Were you funded previously? Circle one: Yes/No

How much have you received previously (list year/award amount)? _____

How many times has your event occurred? Please list years of previous events. If new, just indicate "new": _____

Is your organization a non-profit? _____ (Must provide copy of non-profit status with application)

1. Define/Describe the overall project/event (what is happening at the event?): _____

2. Who is your target audience for your event and advertising (who do you want to see it and come?) _____

3. Describe the regions/cities in which you plan to market your event outside of Edgewood? _____

4. Describe your event assessment/evaluation plans in terms of counting your participants, where they are from, their hotel stays, etc: _____

PART 4: ADVERTISING PLAN AND BUDGET Fill out this chart with your advertising plan and the estimated costs for these ads.

Advertising Provider	Type of Ad/Promotion	Cost

PART 4: LODGERS' TAX GOALS & PURPOSES Lodgers' Tax Funds are allocated to meet the purposes and goals of the Town of Edgewood regarding advertising, marketing, and promotion of tourism related events, and activities.

Describe how your event will increase tourism in the area and impact lodging: _____

Describe any partnerships/collaborations your organization will engage in to successfully complete your event: _____

By submitting this application, you agree to the following (initial next to each):

_____ Promote a positive image for Edgewood

_____ Submit materials related to advertising, promotion, and marketing that use the Town of Edgewood logo

PART 5: ASSURANCES AND CERTIFICATIONS

I/WE CERTIFY THAT I/WE AM/ARE AUTHORIZED TO ACT ON BEHALF OF THE ORGANIZATION MAKING THIS APPLICATION AND THAT THE STATEMENTS HEREIN ARE COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE. IF FUNDED, WE WILL KEEP A CLEAR AND ACCURATE ACCOUNTING OF HOW THE FUNDS WERE USED. WE WILL EVALUATE THE USE OF FUNDS AS REQUIRED AND APPROVED BY THE TOWN OF EDGEWOOD AND WILL DELIVER AN ANNUAL EVALUATION REPORT TO THE TOWN ON OR BEFORE THE DATE ESTABLISHED FOR SUBMITTAL. Print your name and

Title: _____

Signature: _____

Date: _____