WOOD COUNTY, TEXAS | HOTEL / OCCUPANCY TAX FUNDING APPLICATION

Date:

INTERNAL USE BLOCK

Date Rec'd.: _____ WCEDC Review: _____

Committee Review: _____ Results: _____

Section 1. CONTACT

Name of Organization:

Mailing Address:

Physical Location Address:

Contact Name:

Contact Phone Number: Office:_____ Cell:_____

Contact Email Address: _____

Web Site Address for Event or Sponsoring Entity: _____

Social Media Link(s)_____

Section 2. ORGANIZATION & EVENT/PROJECT DETAILS

Is the organization: ___Municipal ___ Rural ___Non-Profit ___Not-for-Profit __ Private-Profit __Other

Tax ID #:_____ **Entity's Creation/Foundation Date:** _____

Purpose of your organization: (Statement of organization's mission, goals and major accomplishments.)

_____

_____

_____

Name of event or project: _____

Date(s) of Event or Project: _____

Day(s) of the week for Event or Project: _____

Primary Location of Event or Project: _____

Total Visitors Expected from Event or Project: _____

Section 3. FINANCIALS *(Please leave no blanks)*	**TOTAL *Estimated* Project Expenditures**	**How much are you requesting? Hotel / Occupancy Tax Funding**	**Internal Use Only**
Promotions (Marketing, Advertising)	$	$	
Operations	$	$	
Miscellaneous (insurance, rent, dues, etc.)	$	$	
Grand Total	$	$	

3A. **Estimated economic impact for Wood County, based upon expected visitors for the event**:

_____

(***Average spending basis per visitor type: $55 local, $73 non-local, $360 border state, $583 other)***

3B. **How will these funds be used to attract overnight visitors? (Specify Target Markets, Advertising, Media, etc.)**

_____

_____

_____

3C. **Depending on the total number of grant submissions for the given grant cycle, the grant review committee may consider offering partial funding for some projects. Would a partial funding consideration be acceptable for your organization?**

☐ Yes ☐ No

3D. **Please list all entities or sources asked to give financial support to the proposed event/program, including response(s) to date and dollar amount of support committed.**

_____

_____

_____

/s/ Printed Name: _____ Date: _____

Sign Name: _____

Please sign as authorized applicant or agent, stating in conjunction with submitting this application, have read, understood publication and agree to the terms in
"HOTEL OCCUPANCY TAX USE GUIDELINES UNDER TEXAS STATE LAW AND FUNDING APPLICATION FORM " WCEDC DOC REV.

WOOD COUNTY, TEXAS | HOTEL / OCCUPANCY TAX FUNDING APPLICATION

CATEGORY SURVEY AND AMOUNT REQUESTED

So the WCEDC can better track Wood County financial reporting for HOT fund allocations to be in compliance with state laws, please provide the category and primary purpose of the funding request. This also helps evaluate the types of programs that promote tourism within Wood County, the results of good programs and for budgeting components for future years considerations.

Primary Purpose of requested funded Event | Activity | Facility: _____

Please initial the categories that may apply to the funding request, and the amount requested under each category or answer the specified questions. *Multiple categories may be selected, and supporting documents may be attached.*

_____1. $_____**Advertising, Solicitations, Promotional**: Items, ads, materials or programs to attract tourists or event / project registrants / participants.

_____2. $_____**Promotion of the Arts:** These items must directly enhance the Wood County Tourism and the Hotel & Lodging Occupancy industry, and encourage the promotion, improvement, and application of the arts, including instrumental and vocal, music, dance, drama, folk art, creative writing, architecture, design and allied fields, painting, sculpture, photography, graphic and craft arts, motion picture, radio, television, tape and sound recording, and other, arts related to the presentation, performance, execution, and exhibition of these major art forms;

_____3. $_____**Historical restoration and preservation:** projects or activities or advertising and conducting solicitation and promotional programs to encourage tourists and convention delegates to visit preserved historic sites or museums;

_____ 4. $_____**Convention Center or Visitor Information Center:** Circle all that apply: construction, improvement, equipping, repairing, operation, maintenance of convention center facilities or visitor information centers, or both, or provide additional information. (Attach a separate one page sheet if needed).

_____

_____5. $_____**Registration of Convention Delegates, or event/program registration fees**: Furnishing of facilities, personnel and materials for the registration of convention delegates, registrants or participants.

_____6. $_____**Sporting Related Event Funding (total requested)**: Expenses, including promotional expenses, directly related to a sporting event in which the majority of participants are tourists who substantially increase economic activity at the lodging industry (hotels and motels) within Wood County.

A. _____ **Attendance**: If the event is a sporting related function/facility: How many individuals are expected to participate? _____

B. _____**Days**: How many days is the event schedule to occur, including (if applicable) advance preparations and after action wrap up in Wood County? _____

C. _____If the event is a sporting related function/facility: How many of the participants are expected to be from another: City _____, county_____, state _____, nation_____?

D. _____ If the event is a sporting related function/facility, ***quantify*** how the funded activity will substantially increase economic activity at hotel and motels within the city or its vicinity.

_____7. $_____Projected value of other significant Event or Project in which the majority of participants are tourists who substantially increase economic activity at hotels and motels within the county. Specify details, such as (1) the event or program subject and dates, (2) expected number of participants lodging, and for how many nights, (3) estimated audience/media locally, regionally, nationally? (attach a one page documents explaining these three items.)

_____8. Please note "claw back" contingency provisions: *The Wood County Economic Development Commission current official Logo obtained directly from the WCEDC* ***must be used on all promotional materials online and in print, AND allowed to be displayed at the event.****)*

If funded, copies of expenditure receipts must be provided post event along with the WCEDC's After Action Survey Report within 60 calendar days of the event or conclusion of the project but no later than September 10 of the current fiscal date, whichever date is soonest. I have read, fully understand and agree with the sponsorship program compliancy issues required as explained in the WCEDC documents and form accompanying this application.

_____ _____ _____

Printed Name APPLICANT(S) SIGNATURE Date

Authorized applicant, agent, officer or governing board head: Title: _____

WCEDC DOC REV. 04142022

APPLICATION MUST BE SIGNED on BOTH PAGES.