

**CITY OF LOVINGTON  
LODGERS TAX BOARD  
REQUEST FOR FUNDING**

*Requests must be received seven (7) days before Lodgers Tax Board meeting.*

**PART I: PROJECT INFORMATION**

*A funding application must be completed and submitted for each individual event or project.*

Organization Name: \_\_\_\_\_

Event Name: \_\_\_\_\_

Event Location: \_\_\_\_\_

Event Start Date: \_\_\_\_\_ Event End Date: \_\_\_\_\_

Is this a new event? Yes  No

If this is a repeat event, how many individuals attended previously? \_\_\_\_\_

What means did you utilize to calculate attendance? (Evaluations, ticket sales, estimation, etc) \_\_\_\_\_

**PART II: PREVIOUS FUNDING REQUESTS**

Did your organization receive Lodgers Tax funding in the previous quarter? Yes  No   
*If No, proceed to Part III*

What amount of funding did you receive? \_\_\_\_\_

Have all reimbursement requests been received by City staff? Yes  No

If you have outstanding reimbursements, what is the total amount pending? \_\_\_\_\_

**PART III: PROJECT DETAIL**

Define/describe the overall project or event: *(Attach additional sheets if necessary)*

Describe the specific way Lodgers' Tax funds will be used with the project/activity/event: *(Attach additional sheets if necessary)*



## PART IV: EVALUATION INFORMATION

The following information is utilized by the Lodgers Tax Board to evaluate your proposal and help determine the recommendation for funding to City Commission. Please provide specific information relevant to each question/statement. Attach additional sheets if necessary.

### **A. Lodgers Tax Impact Information (10 Point Value)**

1. How does your event create the need for an overnight stay thus creating lodgers tax revenue?
  
  
  
  
  
  
  
  
  
  
2. How many Lovington room nights will be generated? (A room night is a paid night of lodging in an establishment that pays Lodgers Tax.)

<b>SECTION A TOTAL POINTS</b> <b>10 Points Max.</b>	
<b>Evaluator Use Only</b>	

### **B. Size and Demographic of Audience Served (10 Point Value)**

1. How many individuals are anticipated to attend the event?
  
  
  
  
  
  
  
  
  
  
2. What percentage of attendees will be non-City residents?
  
  
  
  
  
  
  
  
  
  
3. What are the anticipated ages of the participants? Please provide estimates of what your audience will be composed of.

<b>SECTION A TOTAL POINTS</b> <b>10 Points Max.</b>	
<b>Evaluator Use Only</b>	

**C. Quality of Life (10 Point Value)**

1. Do you provide a program or event that is otherwise absent in our City?
  
  
  
  
  
  
  
  
  
  
2. Has this program or something similar been requested by tourists and/or residents?

<b>SECTION A TOTAL POINTS 10 Points Max.</b>	
<b>Evaluator Use Only</b>	

**D. Financial Information (10 Point Value)**

1. What is the total amount budgeted for this event, including Lodgers' Tax funding request?
  
  
  
  
  
  
  
  
  
  
2. Where are matching funds and other sources of funding being obtained? Include sources and amounts.

<b>SECTION A TOTAL POINTS 10 Points Max.</b>	
<b>Evaluator Use Only</b>	

**E. Marketing Plan (10 Point Value)**

1. Provide details on where and how you plan to market and advertise the event.
  
  
  
  
  
  
  
  
  
  
2. What percentage of advertising will reach an audience outside a 50 mile radius of Lovington?

<b>SECTION A TOTAL POINTS 10 Points Max.</b>	
<b>Evaluator Use Only</b>	

**F. Documentation (10 Point Value)**

1. Have Lodgers Tax rules been followed and all requested documents provided?

<b>SECTION A TOTAL POINTS</b> <b>10 Points Max.</b>	
<b>Evaluator Use Only</b>	

**G. Other (10 Point Value)**

1. Please provide any other financial impact to the City of Lovington this project or event will create.

<b>SECTION A TOTAL POINTS</b> <b>10 Points Max.</b>	
<b>Evaluator Use Only</b>	

**PART V: ASSURANCES AND CERTIFICATIONS**

I CERTIFY THAT I AM 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 FUNDS WERE UTILIZED. REQUESTS FOR AUTHORIZED REIMBURSEMENTS WILL FOLLOW CITY POLICY. WE WILL EVALUATE THE USE OF FUNDS AS REQUIRED AND APPROVED BY THE CITY OF LOVINGTON AND WILL DELIVER A REPORT ON EACH EVENT WITHIN FIFTEEN (15) DAYS TO THE CITY.

PRINTED NAME: \_\_\_\_\_  
TITLE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_  
DATE: \_\_\_\_\_

**CITY USE ONLY**

**RECEIVED BY:** \_\_\_\_\_ **DATE:** \_\_\_\_\_