**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)*

Provide an itemized listing of what Lodgers’ Tax funds will be used for. Requests must have specific details and not broad categories. If additional space is needed, please attach additional pages utilizing the same format to this application.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Description** | **Unit Cost** | **Quantity** | **Total** | **Staff Review** |
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**TOTAL AMOUNT OF LODGERS TAX FUNDING REQUESTED:**

|  |  |
| --- | --- |
| **Staff Review Amount** |  |

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 (20 Point Value)***

1. How does your event create the need for an overnight stay thus creating lodgers tax revenue?

|  |  |
| --- | --- |
| **SECTION A TOTAL POINTS** |  |
| **20 Points Max.** |  |
| **Evaluator Use Only** |

***B. Size and Demographic of Audience Served (15 Point Value)***

1. How many individuals are anticipated to attend the event?

1. How do you intend to count attendance and evaluate attendance in this program or event? (Include description process in any forms you may use)

|  |  |
| --- | --- |
| **SECTION B TOTAL POINTS** |  |
| **15 Points Max.** |  |
| **Evaluator Use Only** |

***C. Quality of Life (25 Point Value)***

1. Does this provide a new program or event for the community?

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

|  |  |
| --- | --- |
| **SECTION C TOTAL POINTS** |  |
| **25 Points Max.** |  |
| **Evaluator Use Only** |

***D. Financial Information (20 Point Value)***

1. What is the total amount budgeted for this event, including Lodgers’ Tax funding request?

1. Where are matching funds and other sources of funding being obtained? Include sources and amounts.

|  |  |
| --- | --- |
| **SECTION D TOTAL POINTS** |  |
| **20 Points Max.** |  |
| **Evaluator Use Only** |

***E. Marketing Plan (20 Point Value)***

1. Provide details on where and how you plan to market and advertise the event.

1. What percentage of advertising will reach an audience outside a 50 mile radius of Lovington?

|  |  |
| --- | --- |
| **SECTION E TOTAL POINTS** |  |
| **20 Points Max.** |  |
| **Evaluator Use Only** |

|  |  |
| --- | --- |
| **TOTAL POINTS, ALL SECTIONS** |  |
| **100 Points Max.** |  |
| **Evaluator Use Only** |

**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. REIMBURSEMENT WILL NOT BE PROVIDED UNTIL EVALUATIONS ARE RECEIVED AND APPROVED BY THE CITY.

PRINTED NAME:

TITLE:

SIGNATURE:

DATE:

|  |
| --- |
| **CITY USE ONLY** **RECEIVED BY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

**CITY OF LOVINGTON**

**LODGERS’ TAX BOARD**

**EVENT EVALUATION FORM**

***To be completed and turned in to City Hall within 7 days after event or project completion date***

Organization Name:

Event Name:

Event Date:

Describe how many participants you had in attendance and how you calculated the results:

Describe how you evaluated the success of the event: (Please attach copies of any mediums used to obtain these results as well as a summary of responses)

How many lodging nights in Lovington were created by event?

How many non-City residents attended the event?

Provide a detailed demographic of the attendance at this event. Attach additional pages if needed.

Attach any other information you may have obtained for evaluation purposes that has not been included on this form.

I CERTIFY THAT THE INFORMATION REPORTED ON THIS EVALUATION IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE AND WILL PROVIDE ANY OTHER INFORMATION REQUIRED FOR VERIFICATION PURPOSES.

PRINTED NAME:

TITLE:

SIGNATURE:

DATE: