

City of Monroe
2025 Lodging Tax Funding
Application Packet



SUBMISSION DEADLINE:
Wednesday, October 9, 2024
4:30 p.m.

Applications must be mailed or delivered to:

City of Monroe LTAC
Monroe City Hall
Attn: Liam McKorkle
14841 179th Ave SE, Suite 320
Monroe, WA 98272

Completed applications must be received by the date and time specified. Postmarks will not be accepted.
If mailing, be sure to allow enough time for delivery.

2025 CITY OF MONROE LODGING TAX APPLICATION CHECKLIST

This checklist is provided as a tool to assist you in the completion of your application. Remember, late and/or incomplete applications will not be accepted. If you have questions regarding your application, please contact Liam McKorkle at 360-322-0852 or lmckorkle@monroewa.gov.

Note: When completing your application, historic visitor numbers are available through the City's Placer.ai dashboard. For more information regarding visitor data, please contact Katie Darrow at 360-863-4519 or kdarrow@monroewa.gov.

_____ Sign the certification page (page 3) and initial all the certification statements.

_____ Your requested dollars match your proposed budget dollars.

_____ All the appropriate pages of your application are completed and included in your submission
(See the bottom of page 2 for the correct pages to complete).

_____ If mailing your application, you left enough time for the Postal Service to deliver it.

_____ Remember, postmarks will not be accepted and late applications will be disqualified.

_____ If requesting operations money for a tourism-related facility, you included a copy of your agency's current non-profit corporation registration with Washington's Secretary of State's office.

Submission Deadline: Wednesday, October 9, 2024 at 4:30 p.m.

2025 CITY OF MONROE LODGING TAX FUNDING APPLICATION GUIDELINES

To be considered for funding, your request must be used for one of the following purposes:
(excerpts from RCW 67.28.1816)

- Tourism marketing;
- Marketing and operations of special events and festivals designed to attract tourists;
- Operations and capital expenditures of tourism-related facilities owned or operated by a municipality or public facilities district. Applicable only to municipalities and public facility districts;
- Operations of tourism-related facilities owned or operated by nonprofit organizations as defined by the IRC 501(c)(3) or 501(c)(6). Proof of nonprofit status will be required.

Note: Capital purchases or improvements are not an allowable use for hotel/motel taxes except for City owned and/or Public Facilities District owned tourism-related facilities.

Definitions (excerpts from RCW 67.28.080):

- Operation - includes, but is not limited to, operation, management, and marketing.
(No capital acquisition or maintenance.)
- Tourism - economic activity resulting from tourists, which may include sales of overnight lodging, meals, tours, gifts, or souvenirs.
- Tourism promotion - activities and expenditures designed to increase tourism, including but not limited to advertising, publicizing, or otherwise distributing information for the purpose of attracting and welcoming tourists; developing strategies to expand tourism; operating tourism promotion agencies; and funding marketing of or the operation of special events and festivals designed to attract tourists.
- Tourism-related facility - real or tangible personal property with a usable life of three or more years, or constructed with volunteer labor, and used to support tourism, performing arts, or to accommodate tourist activities.

2025 CITY OF MONROE LODGING TAX FUNDING APPLICATION

Applicant Information

Organization/Agency Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Street Address: _____
(if different from mailing address)

City: _____ State: _____ Zip Code: _____

Contact Person and Title: _____

Contact Phone: (____) _____ E-mail: _____

Organization Website: _____

Organization is: Government Entity 501(c)(3) 501(c)(6)
 Other _____

(Verification of 501(c)(3) or 501(c)(6) status will be required as part of the application)

Federal Tax ID Number: _____ UBI Number: _____

Requesting funds for the following activity: (check all that apply)

<input type="checkbox"/> Tourism Promotion/Marketing Complete pages 2 and 3 and pages 8 thru 11 of the application.
<input type="checkbox"/> Operation and/or marketing of a Special Event/Festival designed to attract tourists Complete pages 2 thru 7 of the application.
<input type="checkbox"/> Operation of a Tourism Promotion Agency Complete pages 2 and 3 and pages 8 thru 11 of the application.
<input type="checkbox"/> Operation of a Tourism-Related Facility owned or operated by a non-profit organization Complete pages 2 and 3 and pages 8 thru 11 of the application.
<input type="checkbox"/> Operation and/or capital costs of a Tourism-Related Facility owned by the City or a Public Facilities District Complete pages 2 and 3 and pages 12 thru 13 of the application.

2025 CITY OF MONROE LODGING TAX FUNDING APPLICATION

Certification

I am an authorized agent of the organization/agency applying for funding. By signing this application, I understand that: (initial each statement after reading)

Washington limits how lodging taxes may be used. I am proposing a tourism-related service for fiscal year 2025. If awarded, requested funds will be used only for purposes described in this application and established by state law. I understand the use of these funds is subject to audit by the Washington State Auditor.

If awarded, my organization/agency intends to enter into a municipal services contract with the City of Monroe, provide liability insurance or obtain special event insurance as may be required for the duration of the contract naming the City of Monroe as an additional insured and in an amount determined by the City, and file for a permit to use City property, if applicable. In addition, my organization/agency will provide proof of or obtain a City of Monroe business license, if required. My organization/agency will include a statement acknowledging the City of Monroe Lodging Tax Funding Award on public facing event materials or advertisements.

My organization/agency cannot obligate any lodging funds which may be awarded prior to the execution of the municipal services contract with the City of Monroe. Any expenses incurred by my organization/agency prior to the signing of the contract will not be eligible for reimbursement.

The City of Monroe will only reimburse those costs actually incurred by my organization/agency and only after the service is rendered, paid for if provided by a third party, and a signed Request for Reimbursement form (or other form acceptable to the City) has been submitted to the City, including copies of the invoices and payment documentation.

My organization/agency will be required to submit a report documenting the economic impact results of my funded activity, to include an estimate of the number of tourists the event attracted and the methods by which my organization/agency surveyed the attendance. Failure to provide this information within the time frame required by the municipal services contract can affect my organization's/agency's ability to receive expense reimbursements and affect our future funding eligibility.

I certify that I have the authority of the organization/agency represented in this application to submit this request for funding on its behalf and I further certify that the foregoing is true and correct to the best of my knowledge:

Print Name

Title

Signature

Date

2025 CITY OF MONROE LODGING TAX FUNDING APPLICATION

Applicant Name: _____ Amount requested: _____

Tourism Impact Estimates - **Special Event/Festival Requests**

Priority consideration will be given to events scheduled during the off-season (November thru April).

Describe your tourism special event/festival. Please provide the event name, date(s), and the venue in which it will be held. Attach additional sheets if needed:

Is there a host hotel for your event? _____ If yes, please list the hotel(s):

Hotel Name Contact Number

Hotel Name Contact Number

Hotel Name Contact Number

2025 CITY OF MONROE LODGING TAX FUNDING APPLICATION

Applicant Name: _____ Amount requested: _____

Tourism Impact Estimates - **Special Event/Festival Requests**

		Estimated Number	Tracking Method	Briefly describe your tracking method
Box 1	Estimated overall attendance		<input type="checkbox"/> Direct count <input type="checkbox"/> Indirect count	
Box 2	Of the number in Box 1, how many are expected to travel over 50 miles?		<input type="checkbox"/> Direct count <input type="checkbox"/> Indirect count	
Box 3	Of the number in Box 2, how many are expected to travel from another country or state?		<input type="checkbox"/> Direct count <input type="checkbox"/> Indirect count	
Box 4	Of the number in Box 1, how many are expected to stay overnight in Monroe?		<input type="checkbox"/> Direct count <input type="checkbox"/> Indirect count	

5 Describe how you will promote your event to attract tourists (use additional sheets if needed). Remember to include this cost in your marketing budget request:

2025 CITY OF MONROE LODGING TAX FUNDING APPLICATION

Applicant Name: _____ Amount requested: _____

Tourism Impact Estimates - **Special Event/Festival Requests**

6 Describe how you will promote lodging establishments, restaurants, and businesses located in the City of Monroe (use additional sheets if necessary):

Budget Estimates

List all revenue sources expected/committed for this event. Include your own funding, other Lodging Tax requests, sponsorships, ticket sales, etc.

Funding Sources	Amount	Confirmed (Y/N)	Date Available
City of Monroe Lodging Tax (amount should match application request)	\$	n/a	n/a
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
TOTAL	\$		

2025 CITY OF MONROE LODGING TAX FUNDING APPLICATION

Applicant Name: _____ Amount requested: _____

Budget Estimates

Disclaimer: Certain expenses may not be reimbursable, at the sole discretion of the City of Monroe. For example, insurance costs are not eligible for reimbursement. Expenses incurred prior to the signing date of the municipal services contract will not be eligible for reimbursement. Questions regarding eligibility should be directed to Liam McKorkle at 360-322-0852 or LMcKorkle@MonroeWA.gov.

	Lodging Tax Request	Other Funding Sources	Total
Personnel Costs (salaries and benefits)	\$	\$	\$
Overhead costs (rent, insurance, utilities, etc.)	\$	\$	\$
Marketing/Promotion	\$	\$	\$
Event supplies/ materials	\$	\$	\$
Event related contract services	\$	\$	\$
Other (describe below)	\$	\$	\$
Other (describe below)	\$	\$	\$
Total	\$	\$	\$
	Amount in this box should match application request.		
Other - description			
Other - description			

7 How will you revise your proposal if full funding is not awarded?(use additional sheets if necessary)

2025 CITY OF MONROE LODGING TAX FUNDING APPLICATION

Applicant Name: _____ Amount requested: _____

Tourism Impact Estimates - **Promotion/Marketing/Operations**

Priority consideration will be given to requests which encourage off-season tourism (November thru April).

1. Identify the specific tourism audience/market located more than 50 miles from the City of Monroe that your organization will target with these funds (attached additional sheets if necessary):

2. Regarding the tourism audience/market identified in question 1, describe in detail the promotion activities that will be performed or provided with the requested funding (attach additional sheets if necessary):

2025 CITY OF MONROE LODGING TAX FUNDING APPLICATION

Applicant Name: _____ Amount requested: _____

Tourism Impact Estimates - **Promotion/Marketing/Operations**

		Estimated Number	Tracking Method	Briefly describe your tracking method
Box 1	Estimated number of people traveling for business/pleasure away from their place of residence and staying overnight:		<input type="checkbox"/> Direct count <input type="checkbox"/> Indirect count	
Box 2	Estimated number of people traveling over 50 miles or more for the day or staying overnight:		<input type="checkbox"/> Direct count <input type="checkbox"/> Indirect count	
Box 3	Estimated number of people traveling from another country or state:		<input type="checkbox"/> Direct count <input type="checkbox"/> Indirect count	

Budget/Request Estimates

For the following section, list the proposed quantity of specific tourism promotional/marketing/operations activities described in #2 on page 8 and its corresponding funding request. The total for column C on page 11 must match your total funding request.

Column A Activity (see disclaimer on page 7)	Column B Number Projected	Column C Funding Requested
Operations: <input type="checkbox"/> N/A <input type="checkbox"/> Personnel (salaries and benefits) <input type="checkbox"/> Other (describe below): _____ _____	_____ _____ _____	\$ _____ \$ _____ \$ _____ \$ _____
	Subtotal Column C	\$ _____

2025 CITY OF MONROE LODGING TAX FUNDING APPLICATION

Applicant Name: _____ Amount requested: _____

Budget/Request Estimates

For the following section, list the proposed quantity of specific tourism promotional/marketing/operations activities described in #2 on page 8 and its corresponding funding request. The total for column C on page 11 must match your total funding request.

Column A Activity (see disclaimer on page 7)	Column B Number Projected	Column C Funding Requested
In person contacts (describe how contacts will occur):	_____	Part of Personnel costs on page 9 or \$ _____
E-mail or phone contacts (describe when and how frequently contacts will occur):	_____	Part of Personnel costs on page 9 or \$ _____
Posters, Flyers, and Brochures produced/printed (describe distribution method):	_____	Part of Personnel costs on page 9 and/or \$ _____
Posters, Flyers, and Brochures distributed/mailed (describe distribution method):	_____	\$ _____
	Subtotal Column C	\$ _____

Continued on page 11

2025 CITY OF MONROE LODGING TAX FUNDING APPLICATION

Applicant Name: _____ Amount requested: _____

Budget/Request Estimates

For the following section, list the proposed quantity of specific tourism promotional/marketing/operations activities described in #2 on page 8 and its corresponding funding request. The total for column C on this page must match your total funding request.

Column A Activity (see disclaimer on page 7)	Column B Number Projected	Column C Funding Requested
Radio/TV ads (describe stations/markets reached):	_____	\$ _____
Website (describe how you will track site hits/views):	_____	Part of Personnel costs on page 9 and/or \$ _____
Other Digital/Social media (list targeted sites):	_____	Part of Personnel costs on page 9 and/or \$ _____
Print ads (list newspaper(s)/periodical(s)/tourism print media):	_____	\$ _____
	Subtotal Column C	\$ _____
Total Column C of subtotals on pages 9, 10, and 11 Amount must match total requested.		\$ _____

2025 CITY OF MONROE LODGING TAX FUNDING APPLICATION

Applicant Name: _____ Amount requested: _____

Tourism Impact Estimates - **Capital Request**

Priority consideration will be given to requests which encourage
off-season tourism (November thru April).

NOTICE

Capital requests may only be made by a City or Public Facilities District.

NOTICE

1. Describe the capital project for which you are requesting funds. Specifically describe how this project will attract tourism from 50 miles or more from the City of Monroe (attach additional sheets if necessary):

2025 CITY OF MONROE LODGING TAX FUNDING APPLICATION

Applicant Name: _____ Amount requested: _____

Tourism Impact Estimates - Capital Request

		Estimated Number	Tracking Method	Briefly describe your tracking method
Box 1	Estimated number of people traveling for business/pleasure away from their place of residence and staying overnight:		<input type="checkbox"/> Direct count <input type="checkbox"/> Indirect count	
Box 2	Estimated number of people traveling over 50 miles or more for the day or staying overnight:		<input type="checkbox"/> Direct count <input type="checkbox"/> Indirect count	
Box 3	Estimated number of people traveling from another country or state:		<input type="checkbox"/> Direct count <input type="checkbox"/> Indirect count	

Budget/Request Estimates

	Lodging Tax Request	Other Funding Sources	Total
Design costs	\$	\$	\$
In house staff costs (salaries and benefits)	\$	\$	\$
Construction costs	\$	\$	\$
Installation costs (if not part of construction)	\$	\$	\$
Other (describe below)	\$	\$	\$
Total	\$	\$	\$
	Amount in this box should match application request.		
Other - description			