CITY OF TOPPENISH
2011 TOURISM FUND
PROPOSAL

(No more than two (2) additional pages of materials will be accepted.)

1. Name and Address of Applicant (Organization):

_____

_____

_____

Agency Tax ID Number: _____ Form of Organization (Non-profit, etc): _____

2. Contact Person:

Name: _____

Phone: _____

Fax: _____

E-mail: _____

3. Briefly describe the proposed activity or service:

_____

_____

_____

_____

_____

_____

_____

_____

_____

Will there be an admission charge for this activity? Yes ____ No ____ If so, how much? _____

4. Funding Request:

Can you operate this activity/service with reduced funding? Yes ____ No ____If yes, list priorities below:

Priority 1 - full funding $ _____ **Priority 2** – partial funding (no less than) $ _____

See attached budget page.

5. Continuing/New Activity/Service:

Is this a new _____ or continuing _____ activity/service?

Was this project previously funded by City of Toppenish Tourism Funds? If yes, how much _____ and for how long _____ (years)?

Do you expect this project to be an annual activity/service, requiring regular and continued funding?
Yes _____ No _____

6. Briefly describe the benefit of the proposed activity or service to Toppenish tourism:

Describe how this activity/service attracts, serves, and facilitates overnight tourism in the City of Toppenish. For example: Does it lodge or feed tourists; promote tourism; provide for the sale of gifts, souvenirs, or other items; or provide programs/entertainment for tourism? If so, how? Does it provide some other short or long range economic benefit? Will a tourist facility be constructed? Thoroughly define and quantify the expected results of the activity described in Section 3, page 1:

_____

_____

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7. Time Frame:

What is your anticipated time frame for accomplishing this activity/service? Is it a seasonal activity/service appropriate to its location? If an outdoor activity, are there any weather related constraints?

_____

_____

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_____

8. Additional Information:

Provide any additional information which will assist TFAC and LTAC in evaluating your activity/service and its benefit to the City of Toppenish.

_____

_____

_____

CITY OF TOPPENISH
2011 TOURISM FUND
PROPOSAL (Budget Portion)

(For this proposal only. Not for the entire agency)

1. Income:

If you are anticipating receiving partial funding for this activity from another source, please list the source, approximate amount, and status of funding. Are you seeking hotel/motel taxes from other sources?

Yes ___ No ___ If yes, please explain:_____.

	Amount	Source	Projected or Confirmed
	$ -		
	$ -		
	$ -		
	$ -		
	$ -		
	$ -		
	$ -		
	$ -		
	$ -		
Total	$ -		

What percentage of your project budget does your request for city funds represent? _____ %

2. Expenses:

Activity	City of Toppenish Tourism Funds	Other Funds	Total
Personnel: (salaries & benefits)	$ -	$ -	$ -
Administration: (office expenses including copies, rent, janitor, utilities, phone, taxes, office supplies, etc)	$ -	$ -	$ -
Marketing/Promotion:	$ -	$ -	$ -
Travel:	$ -	$ -	$ -
Consultants: (specify below)	$ -	$ -	$ -
Construction:	$ -	$ -	$ -
Other Activities: (specify below)	$ -	$ -	$ -
TOTAL:	$ -	$ -	$ -

Priority 1 (full) funding: $ _____ Priority 2 (partial funding) $ _____

3. Other Budget Items:

Describe and explain the differences in the amount listed as funding priority 1 and priority 2:

_____

_____

_____

_____

_____

_____

_____

PROPOSAL CERTIFICATION

The applicant hereby certifies and affirms the following:

1. That it does not now, nor will it during the performance of any contract arising from this application, unlawfully discriminate against any employee, applicant for employment, client, customer, or other person who might benefit from said contract, by reason of age, race, color, ethnicity, sex, religion, creed, place of birth, or degree of handicap, and
2. That it will abide by all relevant local, state, and federal laws and regulations, and
3. That it has read the information contained in pages 1, 2, and 3 and understands and will comply with all provisions thereof.
4. That if funded, it will provide a detailed list of expenditures to account for the use of the funds.

Certified By: (signature) _____

(print or type name) _____

Title: _____

Date: _____