



**CITY OF TOPPENISH  
2019 TOURISM FUND  
PROPOSAL**

*(No more than three (3) additional pages of materials will be accepted,  
including copy of IRS Tax Status Determination Letter.)*

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**1. Name and Address of Applicant (Organization):**

Agency Tax ID Number:

Is the Applicant a nonprofit organization described under Section 501(c)(3) or 501(c)(6) of the Internal Revenue Code?  YES  NO. If no, the Applicant is not eligible for tourism funds.

**2. Contact Person:**

Name:

Phone:

Fax:

E-mail:

**3. Briefly describe *each* proposed activity or service:**

a.

b.

c.

d.

e.

f.

g.

**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 each 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?

- a.
- b.
- c.
- d.
- e.
- f.
- g.

**7. Thoroughly define and quantify the expected results of the activity described in Section 3, page 1:**

The estimated number of participants who will attend in each of the following categories:

- a. Staying **overnight in paid accommodations** away from their place of residence or business;
- b. Staying **overnight in unpaid accommodations** (e.g., with friends and family) *and traveling fifty miles* or more one way from their place of residence or business;
- c. Staying for the **day only and traveling more than fifty miles** or more one way from their place of residence or business.
- d. **Attending but not included** in one of the three categories above.
- e. The estimated number of participants in any of the above categories that will attend from out-of-state (includes other countries).

| <b>ESTIMATED NUMBER OF PARTICIPANTS</b>                 |  |   |   |   |   |
|---|--|---|---|---|---|
| <b>Activity or Service listed on page 1 of Proposal</b> | <b>Staying overnight in paid accommodations<br/>a.</b> | <b>Staying overnight in unpaid accommodations and traveling 50 miles or more one way from home or business<br/>b.</b> | <b>Staying for the day only and traveling 50 miles or more one way from home or business<br/>c.</b> | <b>Attending but not included in one of the three categories<br/>d.</b> | <b>Estimated number of participants in any of the categories that will attend from out-of-state (includes other countries)<br/>e.</b> |
| a.  |  |   |   |   |   |
| b.  |  |   |   |   |   |
| c.  |  |   |   |   |   |
| d.  |  |   |   |   |   |
| e.  |  |   |   |   |   |
| f.  |  |   |   |   |   |
| g.  |  |   |   |   |   |
| <b>TOTAL:</b>   |  |   |   |   |   |

**8. Methodology for Determining Attendance.**

A description of methods applicants will use to determine attendance and distinguish among the visitor categories.

| <b>METHODOLOGY TO DETERMINE ATTENDANCE</b>              |  |
|---|--|
| <b>Activity or Service listed on page 1 of Proposal</b> |  |
| a.  |  |
| b.  |  |
| c.  |  |
| d.  |  |
| e.  |  |
| f.  |  |
| g.  |  |

**9. 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?

**10. Additional Information:**

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



**CITY OF TOPPENISH**  
**2019 TOURISM FUND**  
**PROPOSAL (Budget Portion)**  
*(For this proposal only. Not for the entire agency)*

**1. Income:**

Are you anticipating receiving partial funding for this activity from another source? Yes  No

Are you seeking hotel/motel taxes from other sources? Yes  No

Please list the source, approximate amount, and status of funding:

| Activity or Service listed on page 1 of Proposal | Amount      | Source | Projected or Confirmed | Amount Charged, if any, for Admission |
|--|-------------|--------|------------------------|---------------------------------------|
| a.   | \$ -        |        |                        | \$ -                                  |
| b.   | \$ -        |        |                        | \$ -                                  |
| c.   | \$ -        |        |                        | \$ -                                  |
| d.   | \$ -        |        |                        | \$ -                                  |
| e.   | \$ -        |        |                        | \$ -                                  |
| f.   | \$ -        |        |                        | \$ -                                  |
| g.   | \$ -        |        |                        | \$ -                                  |
| <b>Total</b>                                     | <b>\$ -</b> |        |                        | <b>\$ -</b>                           |

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

**2. Expenses:**

|   | City of Toppenish Tourism Funds | Priority 2 Alternate Funding | Other Funds | Total       |
|---|---------------------------------|------------------------------|-------------|-------------|
| <b>Personnel:</b> (salaries & benefits)       | \$ -                            | \$ -                         | \$ -        | \$ -        |
| <b>Marketing/Promotion:</b>                   | \$ -                            | \$ -                         | \$ -        | \$ -        |
| <b>Other Activities:</b> (specify in item #3) | \$ -                            | \$ -                         | \$ -        | \$ -        |
| <b>TOTAL:</b>                                 | <b>\$ -</b>                     | <b>\$ -</b>                  | <b>\$ -</b> | <b>\$ -</b> |

Priority 1 (full) funding: \$

Priority 2 (partial funding) \$

Other Activities:

### 3. Other Activities:

Provide a detailed list of the items under Other Activities and the associated costs.

### 4. Describe and explain the differences in Priority 1 and Priority 2 funding:

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## 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: