

**TOURISM DEVELOPMENT PROPOSAL AND APPLICATION FOR FUNDING  
FROM THE CITY OF SOAP LAKE FOR YEAR 2024**

**PLEASE READ THIS ENTIRE APPLICATION AND PROVIDE ALL REQUESTED INFORMATION –  
APPLICATIONS WITHOUT THE REQUIRED INFORMATION WILL BE CONSIDERED INCOMPLETE  
AND WILL NOT BE CONSIDERED FOR FUNDING**

Applications must be returned by November 30, 2023 to be considered for funding for year 2024.

**ALL APPLICATIONS MUST INCLUDE A COPY OF THE ORGANIZATION'S 2023 BUDGET WHICH SHOWS  
REVENUE SOURCES AND EXPENDITURES. APPLICATIONS MUST ALSO INCLUDE A COPY OF YOUR  
ORGANIZATION'S PROPOSED 2024 BUDGET WHICH INDICATES PROJECTED REVENUE SOURCES AND  
EXPENDITURES. APPLICATIONS RECEIVED WITHOUT A COPY OF THE APPROVED OR PROPOSED  
BUDGET WILL BE CONSIDERED INCOMPLETE AND WILL NOT BE CONSIDERED FOR FUNDING;**

**APPLICANT INFORMATION**

Name of Organization	
Organization's Mission	
Name Of Event / Project	
Contact Person For Organization	
Alternate Contact	
Mailing Address	
Phone Number	
Alternate Phone Number	
Tax ID Number Or EIN	

Are you registered with the Secretary of State as a non-profit organization? YES NO (circle one)  
OR, are you registered with the State of Washington and have a Unified Business Identification Number  
(UBI)? YES NO (circle one)

**PROVIDE A BRIEF HISTORY OF THE ORGANIZATION/AGENCY**


**DESCRIBE YOUR EVENT AND HOW IT WILL DEVELOP/INCREASE TOURISM IN SOAP LAKE**


**WHAT GEOGRAPHIC AREA(S) WILL YOU TARGET WITH YOUR MARKETING EFFORTS**


**WHAT DEMOGRAPHIC(S) WILL YOU TARGET IN YOUR MARKETING EFFORTS**


**EXPLAIN HOW YOUR AGENCY/ORGANIZATION IS QUALIFIED TO SUCCESSFULLY CARRY OUT AND COMPLETE THE PROPOSED ACTIVITY/EVENT. WHAT RESOURCES OR STAFF WILL YOU UTILIZE?**


**INDICATE THE AMOUNT YOU ARE REQUESTING FROM THE HOTEL-MOTEL TAX FUND: \$**

Funds from this grant program are reimbursed. **THE CITY OF SOAP LAKE WILL MAKE NO REIMBURSEMENTS FOR ANY EXPENSES** *without a detailed receipt showing payment(s) have been made in full prior to receiving any tourism funds.* Copies of checks or credit / debit card receipts are acceptable. There can be no prepayments. Reimbursement checks must be approved by the City Council which meets the first and third Wednesdays of each month. Checks **cannot** be issued without this approval. A tear sheet for all advertising must accompany the request for reimbursement.

**APPLICATIONS WITHOUT THE FOLLOWING INFORMATION WILL BE CONSIDERED INCOMPLETE AND WILL NOT BE PROCESSED**

Each year the City of Soap Lake is required to submit a tourism report to the Washington State Community Trade & Economic Development. This report requires the City to account for the events that receive Hotel/Motel tax revenues. In order for the City to complete this report you are required to provide the following information:

**Estimated number of tourists:** \_\_\_\_\_ this is your estimate or actual attendance for your event.

**Estimated lodging stays:** \_\_\_\_\_ this is your estimate or actual total for those lodging at local hotels, motels, resorts or commercial campgrounds that attend your event.

Please describe what method you used to compile these numbers.


**AUTHORIZED SIGNATURE:**

Signature: _____	Date: _____
------------------	-------------

**CITY HALL USE ONLY; RECEIVED BY:**

Signature: _____	Date: _____
------------------	-------------