

WESLACO HOTEL OCCUPANCY TAX APPLICATION FOR FUNDING



Instructions

1. Answer each question. Additional attachments are permissible.
2. Attach a detailed budget for the organization/project(s).
3. Sign application.

Organization Name: _____

Organization Mailing Address: _____

Contact Name: _____

Email: _____ Telephone: _____

Amount Requested: \$ _____

Has your organization received **Hotel/Motel** Tax funding in the past three years? _____
Please note amount(s):

FY 2014-2015	FY 2015-2016	FY 2016-2017
\$ _____	\$ _____	\$ _____

What is the entire budget of your organization or for this event? \$ _____

What is the percentage of the requested amount to the entire budget? _____%

Does this organization/event directly enhance and promote tourism AND the convention and hotel industry in the City of Weslaco? _____(Yes/No)

The organization qualifies under AT LEAST ONE of the following categories: (can be more than one)

- | | |
|--|---|
| <input type="radio"/> Convention or Visitor Center | <input type="radio"/> Convention Registration |
| <input type="radio"/> Advertising/Promotion for City | <input type="radio"/> Historical Restoration/Preservation |
| <input type="radio"/> Promotion of the Arts | <input type="radio"/> Signage for Tourist Sites |
| <input type="radio"/> Sports Promotion that Increases Hotel Activity | <input type="radio"/> Tourist Transportation |

For Organizations – Provide a brief description of your organization and its purpose:

For Specific Projects/Events – Provide a brief description of the project/event to be funded:

For Events: Expected attendance: _____

How will the event be promoted? _____

How will this event increase hotel occupancy and promote tourism in Weslaco?

How many hotel/motel room nights do you expect to generate from your event?

For Organizations:

How much was spent last year specifically on tourism advertising? _____

Are there any new programs/projects planned to increase room nights? _____

For Both:

List any other organizations, government entities and grants that have offered financial support for your organization/event:

If the request includes funding related to a permanent facility (such as museum):

Last year's attendance: _____

Percentage of those in attendance that are staying in a local hotel: _____%

Next year's projected attendance (annually): _____

Please submit no later than 4:00 p.m. on August 3rd, 2017.

Weslaco Hotel Occupancy Tax Advisory Committee
c/o City of Weslaco Finance Department
255 S. Kansas Ave.
Weslaco, TX 78596

Privacy Policy Statement and Application Certification

Your privacy is important to the City. That is why we request that all applicants read the following privacy policy statement carefully.

Information about program applicants and current and past participants consists of data contained in their applications, information derived from interviews and information gathered during the course of past experiences. The City stores this information in written and electronic form for a period of time. Information, which is described above, may be: Used by Committee members, City Staff and the City Commission, and interviewers to review applicants; Supplied to the program's funding organization; Used for the evaluation of an individual's participation in the program and in the collection of data for general program evaluation by the City, funding representative (Motel/Hotel Owners) or other organizations that may request the information from the City, a Public Agency. The City does not sell applicant current or past participant information.

I certify that the information given in this application is complete and accurate and that I have carefully read and understand all notes and disclaimers provided therein. I understand the City reserves the right to verify all the information listed in the application. I understand that giving false or misleading information in the application will result in exclusion from the consideration for funding under the City of Weslaco Hotel Occupancy Tax Advisory Committee Funding Program.

Signature: _____

Date: _____