

2020 CITY OF MONROE LODGING TAX FUNDING APPLICATION

Applicant Information

Organization/Agency Name: City of Monroe

Mailing Address: 806 W. Main St

City: Monroe State: WA Zip Code: 98272

Street Address: _____
(if different from mailing address)

City: _____ State: _____ Zip Code: _____

Contact Person and Title: Pam Baker / Executive Assistant

Contact Phone: (360) 863. 4524 E-mail: pamb@monroewa.gov

Organization Website: www.monroewa.gov

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:

- | |
|--|
| <input checked="" 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. |

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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)

PB Washington limits how hotel/motel taxes may be used. I am proposing a tourism-related service for fiscal year ²⁰²⁰~~2019~~. 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 are subject to audit by the Washington State Auditor.

PB 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.

PB my organization/agency cannot obligate any hotel/motel 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.

PB 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.

PB my organization/agency will be required to submit a report documenting the economic impact results of my funded activity, to include the number of tourists the event reached and the methods by which my organization/agency surveyed the attendance. Failure to provide this information within the timeframe 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:

Pam Baker
Print Name

Executive Assistant
Title

Pam Baker
Signature

8/1/19
Date

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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):

Travelers + out-of-town visitors from Washington State seeking a base camp to explore Monroe and the Skykomish Valley

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):

The City of Monroe has developed and created a tourism visitor's guide "Choose Monroe" that highlights local businesses, activities, and events that travelers + visitors can attend in Monroe + the Sky Valley area.

The "Choose Monroe" guide is a 32-38 page glossy magazine and is distributed to businesses + residents of Monroe, Edmonds/Kingston ferry system, Chelan County, and Future of Flight. "Choose Monroe" is available at the Monroe Chamber of Commerce and surrounding city chamber's of commerce to attract people to Monroe. "Choose

Monroe⁺ is printed twice a year in April + October to highlight shoulder season activities. The number of issues printed^{and distributed} in April 2019 was 15,000 copies. The October 2017 issue had 13,324 copies distributed.

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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:	50	<input type="checkbox"/> Direct count <input checked="" type="checkbox"/> Indirect count	
Box 2	Estimated number of people traveling over 50 miles or more for the day or staying overnight:	150	<input type="checkbox"/> Direct count <input checked="" type="checkbox"/> Indirect count	
Box 3	Estimated number of people traveling from another country or state:	15	<input type="checkbox"/> Direct count <input checked="" 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 checked="" type="checkbox"/> N/A <input type="checkbox"/> Personnel (salaries and benefits) <input type="checkbox"/> Other (describe below): _____ _____	 _____ _____ _____	 \$ _____ \$ _____ \$ _____ \$ _____
Subtotal Column C		\$ _____

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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): <hr/> <hr/> <hr/> <hr/>	<hr/>	<input type="checkbox"/> Part of Personnel costs on page 9 or \$ _____
E-mail or phone contacts (describe when and how frequently contacts will occur): <hr/> <hr/> <hr/> <hr/>	<hr/>	<input type="checkbox"/> Part of Personnel costs on page 9 or \$ _____
Brochures produced/printed (describe distribution method): <u>Printing by publishing company</u> <hr/> <hr/> <hr/>	<u>30,000</u> <hr/>	<input type="checkbox"/> Part of Personnel costs on page 9 and/or \$ <u>13,000</u>
Brochures distributed/mailed (describe distribution method): <u>Mailing magazine to residents + Businesses Distribution to ferry system / Chelan County / other areas Chambers.</u> <hr/> <hr/> <hr/>	<u>7,000</u> <hr/>	\$ <u>12,000</u>
Subtotal Column C		\$ <u>25,000</u>

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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
Radio/TV ads (describe stations/markets reached): _____	_____	\$ _____
Website (describe how you will track site hits/views): _____	_____	<input type="checkbox"/> Part of Personnel costs on page 9 and/or \$ _____
Other Digital/Social media (list targeted sites): _____	_____	<input type="checkbox"/> 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.		\$ <u>25,000</u>