

2020 CITY OF MONROE LODGING TAX FUNDING APPLICATION

Applicant Information

Organization/Agency Name: SKY PERFORMING ARTS

Mailing Address: PO BOX 141

City: MONROE State: LA Zip Code: 70272

Street Address: 639 W. MAIN ST
(if different from mailing address)

City: MONROE State: LA Zip Code: 70272

Contact Person and Title: ALEXANDRA CLARK - PRESIDENT

Contact Phone: (360) 863-1663 E-mail: SKYPERFORMINGARTS.SPAC@GMAIL.COM

Organization Website: WWW.SKYPERFORMINGARTS.COM

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 type="checkbox"/> | Tourism Promotion/Marketing
Complete pages 2 and 3 and pages 8 thru 11 of the application. |
| <input checked="" 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)

A Washington limits how hotel/motel taxes may be used. I am proposing a tourism-related service for fiscal year 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.

A 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.

A 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.

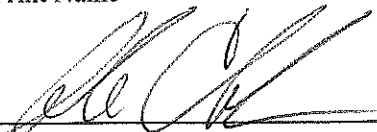
A the City of Monroe will only reimburse those costs actually incurred by my organization/agency and only after the service is rendered, paid for if provided by a third party, and a signed Request for Reimbursement form (or other form acceptable to the City) has been submitted to the City, including copies of the invoices and payment documentation.

A 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:

Alexandra Clark
Print Name

President
Title


Signature

8-1-2019
Date

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Tourism Impact Estimates - Special Event/Festival Requests

Priority consideration will be given to events scheduled during the off-season (November thru April).

Describe your tourism special event/festival. Please provide the event name, date(s), and the venue in which it will be held. Attach additional sheets if needed:

WE ARE DOING A WINTER THEATRE PRODUCTION;
"A CHRISTMAS CAROL" WITH A FULL CAST AND
ORCHESTRA. THIS WILL BE AT THE WAGNER
PERFORMING ARTS CENTER ON MAIN ST.

PERFORMANCE DATES: NOVEMBER 8, 9, 10, 15, 16 & 17

WE ARE ALSO DOING A PRODUCTION IN APRIL;
"TREASURE ISLAND" WITH A FULL CAST AND ORCHESTRA
IN THE SAME VENUE. DATES ARE APRIL 3, 4, 5
10, 11 & 12

Is there a host hotel for your event? NO If yes, please list the hotel(s):

Hotel Name _____ Contact _____ Number _____

Hotel Name _____ Contact _____ Number _____

Hotel Name _____ Contact _____ Number _____

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Tourism Impact Estimates - Special Event/Festival Requests

		Estimated Number	Tracking Method	Briefly describe your tracking method
Box 1	Estimated overall attendance	1200	<input checked="" type="checkbox"/> Direct count <input type="checkbox"/> Indirect count	COUNT Actual Tickets Collected
Box 2	Of the number in Box 1, how many are expected to travel over 50 miles?	20%	<input type="checkbox"/> Direct count <input checked="" type="checkbox"/> Indirect count	ZIP CODE TRACKING
Box 3	Of the number in Box 2, how many are expected to travel from another country or state?	0	<input type="checkbox"/> Direct count <input type="checkbox"/> Indirect count	
Box 4	Of the number in Box 1, how many are expected to stay overnight in Monroe?	3-5%	<input type="checkbox"/> Direct count <input type="checkbox"/> Indirect count	N/A

5 Describe how you will promote your event to attract tourists (use additional sheets if needed).
If awarded, you will be required to also promote your event in Choose Monroe magazine.
Remember to include this cost in your marketing budget request:

WEBSITE, NEWS PAPER, SOCIAL MEDIA
POSTERS, WORD OF MOUTH, PARTICIPATION IN
LOCAL PARADE

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Tourism Impact Estimates - Special Event/Festival Requests

6 Describe how you will promote lodging establishments, restaurants, and businesses located in the City of Monroe (use additional sheets if necessary):

WE WILL PROMOTE LOCAL BUSINESSES AND
ESTABLISHMENTS WITHIN OUR PROGRAMS WHICH
ARE DISTRIBUTED TO EACH PATRON.

Budget Estimates

List all revenue sources expected/committed for this event. Include your own funding, other Lodging Tax requests, sponsorships, ticket sales, etc.

Funding Sources	Amount	Confirmed (Y/N)	Date Available
City of Monroe Lodging Tax (amount should match application request)	\$ 6,000 ⁰⁰	n/a	n/a
TICKET SALES	\$ 18,000 ⁰⁰		
	\$		
	\$		
	\$		
	\$		
	\$		
TOTAL	\$ 24,000 ⁰⁰		

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Budget Estimates

Disclaimer: Certain expenses may not be reimbursable, at the sole discretion of the City of Monroe. For example, insurance costs are not eligible for reimbursement. Expenses incurred prior to the signing date of the municipal services contract will not be eligible for reimbursement. Questions regarding eligibility should be directed to Becky Hasart at 360-863-4518 or bhasart@monroewa.gov.

	Lodging Tax Request	Other Funding Sources	Total
Personnel Costs (salaries and benefits)	\$ 1,000 ⁰⁰	\$ 200 ⁰⁰	\$ 1200 ⁰⁰
Overhead costs (rent, insurance, utilities, etc.)	\$ 1,000 ⁰⁰	\$ 1,800 ⁰⁰	\$ 2800 ⁰⁰
Marketing/Promotion	\$ 300 ⁰⁰	\$ 300 ⁰⁰	\$ 600 ⁰⁰
Event supplies/ materials	\$ 1,000 ⁰⁰	\$ 1,400 ⁰⁰	\$ 2400 ⁰⁰
Event related contract services	\$ 1,700 ⁰⁰	\$ 1,900 ⁰⁰	\$ 3600 ⁰⁰
Other (describe below)	\$ 500 ⁰⁰	\$ 500 ⁰⁰	\$ 1000 ⁰⁰
Other (describe below)	\$ 500 ⁰⁰	\$ 950 ⁰⁰	\$ 1450 ⁰⁰
Total	\$ 6,000⁰⁰	\$ 7,050⁰⁰	\$ 13,050⁰⁰
	Amount in this box should match application request.		
Other - description	ROYALTIES, CONCESSIONS		
Other - description	CONSTRUCTION MATERIAL, SQUARE		

7 What will you cut from your proposal or do differently if full funding is not awarded?
(use additional sheets if necessary)

WE WILL CUT AS NECESSARY TO MOVE FORWARD REGARDLESS.