

Hotel/Motel Tax Funding Request

Organization Name: _____

Address: _____

Contact Person: _____

Phone Number: _____

Purpose of Organization:

Amount Requested: _____

Please describe how these funds will be used if they're awarded:

Please attach a copy of the Organization's current budget and proposed budget for next year, including revenue and expense estimates.

Does your organization utilize the services of a professional fundraiser? *If yes, please fill out the Fundraising questions below.*

☐ Yes ☐ No

Fundraiser Name: _____

Fundraiser Address: _____

Please list the source and amount of funds available for the project: **Do *not* include Hotel/Motel Funds**

Person Completing Form Contact Info

Name: _____ Address: _____

Signature: _____ Date: _____

FOR CITY USE ONLY

Date Request Received in Office: _____

Date Considered by Council: _____

Amount Awarded: _____

Applicant Notified: _____