

**Tourism Enhancement Grant**

**Event Application**

Read the Overview and Instructions before completing the application. Applications may be mailed, e- mailed or dropped-off to the address below. If submitting by e-mail, please have a signed electronic version included. The applications are to be sent to:

Tim Johnson, Director of Economic Development Mayor’s Office

City of Federal Way 33325 8th Avenue South

Federal Way, WA 98003-6325

tim.johnson@cityoffederalway.com

Applicants will be notified of the date and time their application will be reviewed by the Tourism Enhancement Grant (TEG) Subcommittee. It is recommended that a representative of your organization be on hand at the review to answer questions from the TEG Subcommittee.

Applicant’s Name:

Name of Organization:\_

Mailing Address:

Website Address:

Applicant’s E-Mail Address:

For Profit

Non-Profit Which Type: 501(c)3

501(c)6

other?

(include copy of current state or federal non-profit registration) State Domiciled:

Daytime Telephone:

Fax:

Official Event Name:

Proposed Date(s) of Event (MM/DD/YY):

# GRANT AMOUNT REQUESTED

**$**

Is this a new event program? Yes Has your organization ever applied for a TEG? Yes

No No

If yes, when?

Has your organization received a TEG award in the past? Yes \_ No Scope of the event:

 Less than 50 miles (Federal Way, Auburn, etc.)

 More than 50 miles (Western WA)

 Statewide

 Multi-States (Western US)

 National

 International

Briefly describe the event and how it will improve/increase tourism activities in Federal Way.

Is there a cultural or educational value to the event? If yes, please explain.

# FINANCIAL INFORMATION

On a separate sheet, attach a budget for the event listing revenues and expenses. In addition to revenue provided by the organization or the event (ticket sales, etc.), include a list of other sources of forecasted revenue support, either those requested and pending or confirmed (sponsorship, grants, etc.). Is this support in-kind or financial? If financial, include the amount.

Do you expect to make a profit?Yes

No

If yes, how much?

# MARKETING

On a separate sheet, attach information on how the event will be publicized and marketed. List all publications and media venues (Facebook, Twitter, website, brochures, newspaper, magazines, etc.); in addition to any give away promotional materials that will be used.

# EVENT INFORMATION

Length of the event:

 One day

 Two days

 Three days

 Four days

 Five or more days

Location of the event:

 Federal Way

 South King/North Pierce County

 Other

Tourism Season:

 Peak Season (Jun-Sep)

 Shoulder Season (Oct, Jan-Mar)

 Off Season (Nov-Dec, Apr-May)

Proposed venue(s):

Have you confirmed the availability of the proposed dates at the primary venue? Yes

No

Will you have a need for secondary or practice venues? Yes \_ No

Proposed schedule of the event for each day:

# Date Time Date Time

**ECONOMIC IMPACT OF EVENT**

Breakdown of projected attendees over the course of the event:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Date: | Date: | Date: | Date: | **TOTAL** |
|  | Attendees | Attendees | Attendees | Attendees | Attendees |
| **Spectators** |  |  |  |  |  |
| **Participants** |  |  |  |  |  |
| **Support Staff** |  |  |  |  |  |
| **TOTAL ATTENDEES** |  |  |  |  |  |

Provide an estimate of where projected attendees will travel from and their projected room nights (total number of rooms for their entire stay) during the event.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Attendees | Local (less than 50 miles) | Regional (Western WA greater than 50 miles) | Statewide | Multi-States (Western US) | National | International | **TOTAL** |
| **Spectators** | \_ Room nights | \_ Room nights |  \_ Room nights |  \_ Room nights |  Room nights |  \_ Room nights |  |
| **Participants** | \_ Room nights |  \_ Room nights |  \_ Room nights |  \_ Room nights |  \_ Room nights |  \_ Room nights |  |
| **Support Staff** | \_ Room nights |  \_ Room nights |  \_ Room nights |  \_ Room nights |  \_ Room nights |  \_ Room nights |  |
| **TOTAL** |  |  |  |  |  |  |  |

# Total Projected Attendees

**Total Projected Room Nights**

What types of business do you expect will be affected?

Services (gas, mini-marts, etc.)

Entertainment

Restaurants

Shopping

Lodging

# LODGING AND HOTEL STAYS

Will you be listing any **“Official Lodging”** for this event? Yes \_ No

If yes, provide name, address, contact person, and phone number.

Provide all hotels/motels that you will include in all your publicity for the event.

List all the hotels/motels where rooms have or will be blocked for spectators, participants, and support staff.

|  |  |  |
| --- | --- | --- |
| **Projected Attendees** | **Hotel/Motel Name** | **Number of Blocked Rooms** |
| **Spectators** |  |  |
| **Participants** |  |  \_ \_ \_ |
| **Support Staff** |  |  \_ \_ \_ |

*The undersigned certifies that the information provided above is true and accurate and any projections are based on history of similar events and activities that are available to the industry and adjusted to local conditions.*

Applicant’s Signature:

Applicant’s Printed Name:

Applicant’s Title:

Date: