



# 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:

ATTN: LTAC  
City of Federal Way  
33325 8<sup>th</sup> Avenue South  
Federal Way, WA 98003-6325  
[Tim.Johnson@CityofFederalWay.com](mailto: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 \_\_\_\_\_ No \_\_\_\_\_  
Has your organization ever applied for a TEG? Yes \_\_\_\_\_ 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.

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

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### **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:	<b>TOTAL</b>
	Attendees	Attendees	Attendees	Attendees	Attendees
<b>Spectators</b>					
<b>Participants</b>					
<b>Support Staff</b>					
<b>TOTAL ATTENDEES</b>					

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	<b>TOTAL</b>
<b>Spectators</b>	_____ Room nights	_____ Room nights	_____ Room nights	_____ Room nights	_____ Room nights	_____ Room nights	
<b>Participants</b>	_____ Room nights	_____ Room nights	_____ Room nights	_____ Room nights	_____ Room nights	_____ Room nights	
<b>Support Staff</b>	_____ Room nights	_____ Room nights	_____ Room nights	_____ Room nights	_____ Room nights	_____ Room nights	
<b>TOTAL</b>							

**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.

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

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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
<b>Spectators</b>	<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>
<b>Participants</b>	<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>
<b>Support Staff</b>	<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>

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*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: \_\_\_\_\_