

**TOWN OF BERNALILLO**  
 Department of Community Development  
 APPLICATION FOR LODGERS' TAX FUNDING

<b>PART I: CONTACT INFORMATION</b>	
Event/ Activity Name:	Event/ Activity Date:
Contact Person:	Title:
Organization:	
Address:	Telephone:
	Fax:
Email:	

<b>PART II: CRITERIA</b>		
Is your organization a non-profit?	Yes _____	No _____
Is this a new event/activity?	Yes _____	No _____
How many people attended this event/activity in the previous year and how was this number obtained?		
Approximately how many visitors either spent or are anticipated to spend the night in Bernalillo during your event? _____ Spent _____ Will Spend _____ Not Applicable		
Approximately how many nights are the visitors expected to stay in Bernalillo during your event/activity? _____		

<b>PART III: REQUESTED FUNDS FOR</b>
Check One: <input type="checkbox"/> Advertising <input type="checkbox"/> Capital Outlay (Physical Improvements to a tourist facility) <input type="checkbox"/> Police & Fire Protection <input type="checkbox"/> Sanitation Services

## **PART IV: EVENT DESCRIPTION**

Describe your event, including location, types of activities, etc: (Attach additional sheet if necessary to describe event/activity completely)

Describe how Lodger's Tax Funds would be used to promote your event/activity: (Attach additional sheet if necessary to describe event/activity completely)

**PART V: FUNDING**

Funding Request: \$	Total Project Cost (Include all costs not eligible for Lodgers' Tax):
Other Funding Sources and amounts:	In-Kind Contributions (Costs or donations not paid for directly by the requester):

Were you funded by Lodger's Tax in 2011?      Yes \_\_\_\_\_      No \_\_\_\_\_  
If so, how much?:      \$ \_\_\_\_\_

**PART VI: ATTACHED INFORMATION**

1. Please attach your marketing plan, indicating how the lodger's tax funds will be used.
2. Please attach your event/activity budget to include all funding sources.
3. Please attach survey results from your 2011 event (If Applicable).

**PART VII: ASSURANCE AND CERTIFICATIONS**

I certify that I am authorized to act on behalf of the Organization making this application and that the statements herein are complete and accurate to the best of my knowledge. If funded, I will keep a clear and accurate accounting of how the funds were used. I will evaluate the use of funds as required and approved by the Town of Bernalillo, and will deliver an annual evaluation report to the city on or before the date established for submittal.

Signature(s)

Date

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**RECEIVED BY THE TOWN OF BERNALILLO**

Staff Initials: \_\_\_\_\_

DATE: \_\_\_\_\_