

THINK BIG. THINK SNOHOMISH COUNTY.

PROJECT INFORMATION

Project Title:						
Project Dates:						
Contact Person:						
	(person who wrote or has	· ·		application	n)	
Address:						
City:	Stat	e:		Zip:_		
Signature:				Phone	e:	
Project Sponsor: _	(person with legal aut	thority to sign a contrac	ct with the (County)		
Address:						
	Stat			Zip:		
Signature:						
E-mail:				Phone	e:	
Project Website:						
Snohomish County	1 (Arlington, Darr	ington, Marysville)	2	(Everett,	Mukilteo, Tulalip)	
Districts Affected by Project:	3 (Edmonds, Lyni	nwood)	4	(Bothell,	Mill Creek, Mountlake Terrace)	
(Check all that apply)	5 (Lake Stevens, Snohomish, Sk		All			
Applicant is:	Non-Profit EIN # _					
	Public Agency Tax	ID				
	For Profit Entity UE	BI #				
Estimated Hotel Room With Nights Drawn:	h TPA Support:	Without TPA	Suppor	t:	Result of TPA support: ("With" minus "Without")	
Estimated Hotel Rev ("Result of TPA support" * \$		Cost ("Amt. F	per Occ Requested	upied F	Room: \$ " / "Result of TPA support")	
Total Project Budget	t: \$					
Amount Requested f	from TPA·\$	Appli	cant Mat	tch: \$		

PROJECT SUMMARY

In the space below, provide a one-paragraph (150 words or less) summary of your request and what it will accomplish. If your request is part of a larger project, you may briefly describe the over-all project. However, please focus your answer on the specific element for which you are requesting funding.

SCOPE OF WORK

Fully describe the project. Expand your project summary to address such issues as: what it is you plan to do; the tangible and intangible benefits to the community; visitor impact; how will you evaluate project success; would this project take place without TPA assistance; what methods have you used to project the overnight figures; additionally what methods will you use to report on overnight claims after the fact? If you are requesting funds for a specific portion of a larger project, please so state, but focus your response on the element for which you are requesting funding. The scope should be under 1,000 words. Be brief and brilliant but include any supplemental materials as attachments if needed.

PLAN TO DO:
TANGIBLE BENEFITS TO THE COMMUNITY:
INTANGIBLE BENEFITS TO COMMUNITY:
VISITOR IMPACT:
EVALUATE PROJECT SUCCESS:
WILL PROJECT TAKE PLACE WITHOUT TPA ASSISTANCE:

METHODS TO PROJECT THE OVERNIGHT FIGURES:
METHODS TO REPORT ON OVERNIGHT CLAIMS:
PROMOTION AND MARKETING PLAN

PROJECT BUDGET

Please provide a line item detailed budget for your project. Please specify whether your various match items will be cash or in-kind.

ITEM	REQUEST FROM TPA	MA	TOTAL	
		CASH	IN-KIND	TOTAL
TOTAL				

BUDGET NARRATIVE

In the space below please include any information which you feel may provide useful background on your proposed budget, such as source and rate at which matching labor costs are calculated, etc.

PROJECT TIME LINE

Please use the chart below to break out your project into its major elements (including planning, development, implementation, and evaluation), showing when each task will be accomplished. Please use the space below to provide any necessary background on elements of your project time line.

Month	Task
January	
February	
March	
April	
May	
June	
July	
August	
September	
October	
November	
December	

APPLICATION HISTORY

Please complete this section with all information related to past applications to and, if applicable, awards from, the Snohomish County Tourism Promotion Area.

Have you applied for TPA funds in prior years? If so, please list dates, amounts and results:

Result:
Result:

EVENT ROOM NIGHT HISTORYIn this section, please provide a history of room nights generated by your event, if recurring. If

this is a new eve	ent, please list "N/A".			•
2023:	2022:	2021:	2020:	
2019:	2018:	2017:	2016:	
VENUE /	FACILITY PLAN	I		
Use this space t	to inform the Board of th	ne venue(s) / facility(ies) i	n which the Project w	ill occur.
Primary / Heado	quarters Venue / Facility	:		
Secondary / Add	ditional Venue(s) / Facil	ities:		
Did your organ	vization calicit multiple v	onuos /facilitios?	Yes	No
Did your organ	nization solicit multiple v	enues / racililles ?.	res	INO
If yes, please properties for non-selection		s / facilities solicited but r	not selected, and the	reason(s)

OTHER COMMENTS

Use this space to inform the Board of additional information that would be relevant in granting your application.