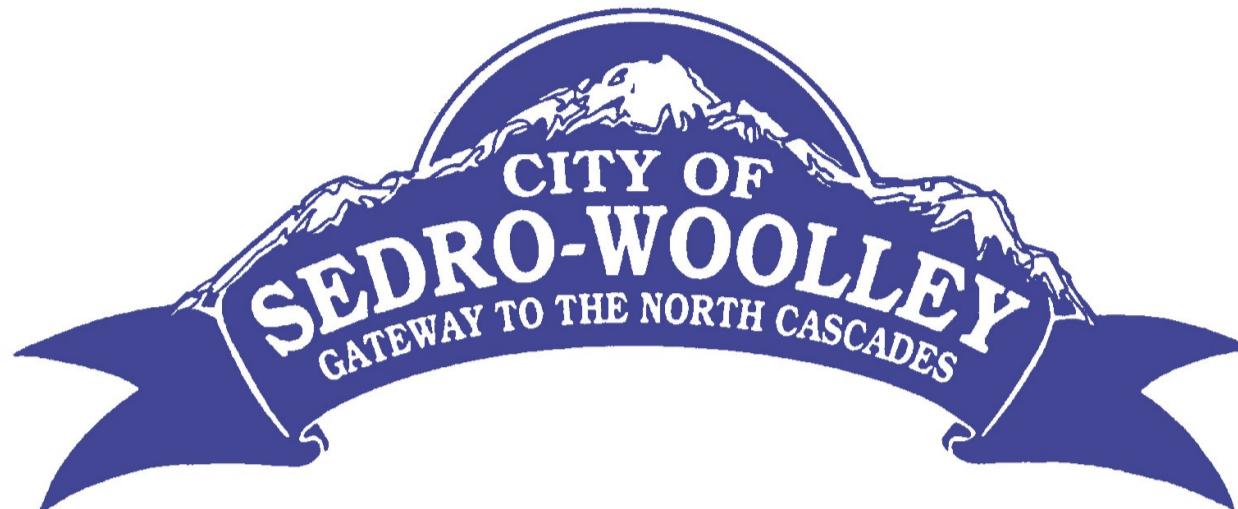


# 2022- Lodging Tax Grant Application

[Print](#)**Submitted by:****Status:** Open**Priority:** Normal**Assigned To:** Debbie Burton**Due Date:** Open

## Lodging Tax Grant Application

**\* Organization/Group Name:**

Sedro-Woolley Chamber of Commerce

**\* Event Name:**

Blast from the Past, Christmas Parade

**\* Amount of Funding Requested:**

12,000.00

**\* Mailing Address**

810 Metcalf Street

**\* City**

Sedro-Woolley

**\* State**

WA

**\* Zipcode**

98284

**\* Contact Person:**

Pola Kelley

**\* Title or Relationship to Group/Organization**

Executive Director

**\* Daytime Phone#**

360-855-1841

**\* Email**

director@sedro-woolley.com

**\* Provide a Description of the Project Activity**

Blast from the Past Street Fair, games, car show, and activities to bring people to our town. The Christmas Parade also brings folks into town.

**\* How will requested funds be used for tourism promotion, marketing special events, tourism-related events/festivals or operation of tourism-related events/festivals?**

We will continue to run the visitor information center, and tourist advertising, membership in the Cascade Loop Association

State Required Information about the Agency's project. Please answer all the questions:

**\* Total amount anticipated to be spent on the project**

\$2500 Woodfest \$6500 Blast from the Past \$7,000 Christmas Parade and Santa Breakfast, Kids fishing Derby \$200

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**\* Estimated total attendance**

30,000

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**\* Estimated number of attendees traveling 50+ miles**

10,000

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**\* Estimated number of attendees traveling from out of state**

1000

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**\* Estimated number of attendees paying for overnight lodging**

600

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**\* Estimated number of attendees NOT paying for overnight lodging**

29,400

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**\* Estimated number of paid lodging nights**

300

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(1 lodging night equals 1+ person occupying room for one night)

**Please provide a description of how your organization will determine attendance and distinguish among the above visitor categories.**

**Note: The City must report this information to the Washington State Legislature's Joint Legislative Audit and Review Committee.**

Vendor applications, social media, visitor info, surveys

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I attest the information in this application is accurate, that I am an Agent authorized to represent the Organization and I understand the funds requested, if granted, will go to the Organization. I will meet all necessary requirements including, but not limited to, insurance, business licensing, permitting and state reporting requirements. If my activity is funded, I agree to use the approved Sedro-Woolley logo in all promotional material.

Additionally, I understand the Washington State limitations placed on use of Lodging Tax, and certify that the requested funds will be used only for purposes described in this application or as approved by the City. I understand use of funds is subject to audit by the State of Washington.

I acknowledge that all of the contents of this application are subject to disclosure under the Washington State Public Records Act, RCW 42.56, and that the application will be discussed in meetings of the Lodging Tax Advisory Committee that are open to the public under RCW 42.30.

**\* Enter your Name**

Pola Kelley

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By typing your name, you are attesting to the information listed above.