## **CITY OF LOVINGTON LODGERS TAX BOARD REQUEST FOR FUNDING**

Requests must be received seven (7) days before Lodgers Tax Board meeting.

The City of Lovington Lodger's Tax Board give recommendations of funding to the Lovington City Commission based on the guidelines listed in the City's Ordinance for Lodger's Tax Funding. Please reference to Ordinance #583 for Lodger's Tax Funding guidelines.

## **PART I: PROJECT INFORMATION**

A funding application must be completed and submitted for each individual event or project.

| Organization Name:  |                               |
|---|-------------------------------|
| Organization Name:Event Name:   |                               |
| Event Location:   |                               |
| Event Start Date: Event End Date:   |                               |
| Is this a new event? Yes No   |                               |
| If this is a repeat event, how many individuals attended previously?  |                               |
| What means did you utilize to calculate attendance? (Evaluations, ti  | icket sales, estimation, etc) |
| PART II: PREVIOUS FUNDING REQUESTS  Did your organization receive Lodgers Tax funding in the previous qualified No, proceed to Part III | arter? Yes No No              |
| What amount of funding did you receive?   |                               |
| Have all reimbursement requests been received by City staff?  | Yes No No                     |
| If you have outstanding reimbursements, what is the total amount po   | ending?                       |
| PART III: EVENT DETAIL  |                               |

Define/describe the overall project or event: (Attach additional sheets if necessary)

Describe the specific way Lodgers' Tax funds will be used with the project/activity/event: (Attach additional sheets if necessary)

| L   | .odger'              |           | Request<br>Informa |            | unding      |             |       |               |
|---|----------------------|-----------|--------------------|------------|-------------|-------------|-------|---------------|
| Name of Event                                 |                      |           |                    |            |             |             |       |               |
| Date  |                      |           |                    |            |             |             |       |               |
|   |                      |           |                    |            |             |             |       |               |
| Location                                      |                      |           |                    |            |             |             |       |               |
| Description                                   |                      |           |                    |            |             |             |       |               |
| Expected Attendance                           |                      |           | # of Overnigh      | nters      |             |             |       | _             |
| Is this an annual event?                      | Is this a new event? |           |                    |            |             |             |       |               |
|   |                      |           | PRINTING           |            |             | •           |       |               |
|   | Cost                 | Quantity  | Total              |            | Cost        | Quantity    | Total |               |
| Posters (save-the-date)                       |                      |           | -                  | Flyers     |             |             |       | 0.00          |
| Programs                                      | SUBTOTAL             |           |                    | Tickets    | SUBTOTAL    |             |       | <u>-</u><br>- |
|   | Cost                 | Quantity  | <br>Total          |            | JUBIUTAL    |             |       | _             |
| Mailings                                      |                      | Qualitity | -                  | _          | TOTAL PRIN  | ITING COSTS | -     |               |
|   | _                    | P         | RINT MEDIA         |            | I           |             |       |               |
|   |                      | Name      |                    | # of ads   | Co          | ost         | Total |               |
| Newspaper                                     |                      |           |                    |            |             |             |       | -<br>-        |
|   |                      |           |                    | SUBTOTAL   |             |             |       | _             |
|   |                      | Name      |                    | # of ads   | Co          | ost         | Total |               |
| Magazine/Other                                |                      |           |                    |            |             |             |       | -             |
|   |                      |           |                    | CLIDTOTAL  |             |             |       |               |
|   | <u> </u>             |           |                    | SUBTOTAL   | TOTAL PRIN  | IT MEDIA    |       | <u>-</u>      |
|   |                      | FL        | ECTRONIC ME        | DIA        | TOTALPRIN   | II WEDIA    |       | _             |
|   |                      | Name      |                    | # of spots | Co          | ost         | Total |               |
| Radio   |                      |           |                    |            |             |             |       | -             |
|   |                      |           |                    |            |             |             |       | -             |
| Television                                    |                      |           |                    |            |             |             |       | -             |
| Social Media                                  |                      |           |                    |            |             |             |       | -             |
| Social Media                                  |                      |           |                    |            |             |             |       | -             |
|   |                      |           |                    |            | TOTAL ELECT | r. MEDIA    | -     |               |
|   |                      | 01        | THER EXPENSE       |            |             |             |       |               |
|   |                      | Name      |                    | # of item  | C           | ost         | Total |               |
| Professional Performance Fees                 |                      |           |                    |            |             |             |       | -             |
| Sound and Lighting Costs                      |                      |           |                    |            |             |             |       | -             |
| Sanction Fees Promotional Items (eg: tshirts, |                      |           |                    |            |             |             |       | -             |
| rings, etc.)                                  |                      |           |                    |            |             |             |       | -             |
| Other: (please list)                          |                      |           |                    |            |             |             |       | -             |
|   |                      |           |                    |            |             |             |       | -             |
|   |                      |           |                    |            |             |             |       | -             |
|   |                      |           |                    |            |             |             |       | -             |
|   |                      |           |                    |            |             |             |       | -             |
|   |                      |           |                    |            | TOTAL OTHE  | R EXDENSE   |       | _             |
|   |                      | <b></b>   |                    |            | . O.ALOINE  | L/XI LINJL  |       |               |
| TOTAL REQUEST I                               | -OR EV               | ENT       |                    |            |             |             | -     |               |

## PART IV: ASSURANCES 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, WE WILL KEEP A CLEAR AND ACCURATE ACCOUNTING OF HOW FUNDS WERE UTILIZED. REQUESTS FOR AUTHORIZED REIMBURSEMENTS WILL FOLLOW CITY POLICY. WE WILL EVALUATE THE USE OF FUNDS AS REQUIRED AND APPROVED BY THE CITY OF LOVINGTON AND WILL DELIVER A REPORT ON EACH EVENT WITHIN FIFTEEN (15) DAYS TO THE CITY. REIMBURSEMENT WILL NOT BE PROVIDED UNTIL EVALUATIONS ARE RECEIVED AND APPROVED BY THE CITY.

| TITLE:           |               | _<br>_ |   |
|------------------|---------------|--------|---|
| SIGNATURE: DATE: |               |        |   |
|                  | CITY USE ONLY |        |   |
| RECEIVED BY:     |               | DATE:  | - |