

# Snohomish County

## 2024 Hotel-Motel Small Fund Grant

### Application

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#### SUBMISSION INSTRUCTIONS:

**Please submit all completed 2024 Hotel-Motel Grant Application' along with required attachments to [Tourism@snoco.org](mailto:Tourism@snoco.org) by 11:59 p.m. Wednesday, August 23, 2023.**

*No hard copy applications will be accepted at this time.*

Title your Completed Application Package and all attachments using the following:

- 2024 Hotel-Motel Grant Application Package / Organization Name
- 2024 Letters of Reference / Organization Name
- 2024 Marketing Plan / Organization Name (if applicable)
- 2024 Profit and Loss Statement / Organization Name
- W9 / Organization Name

#### APPLICATION PACKAGE CHECK LIST:

- Fully completed application form
- Minimum of one reference from a hotel, motel, or BnB
- Current W9
- Outline of 25% matching project funds
- Completed Cooperative Commitments Form
- Profit and Loss (PnL) Statement

**NOTE: Public agencies must also provide meeting minutes approving project and authorizing application for funds.**

Cities with local Hotel-Motel Funds: Arlington, Bothell, Edmonds, Everett, Lynnwood, Marysville, Monroe, Mountlake Terrace, Mukilteo, or Snohomish

**Snohomish County**

Snohomish County  
Executive Office  
3000 Rockefeller Ave  
Everett, WA 98201  
(425) 471-8738

**MEMORANDUM**

**TO:** Snohomish County Citizens, Jurisdictions,  
Agencies and Organizations

**FROM:** Trudy Soriano, Senior Fiscal Analyst

**DATE:** June 14, 2023

**SUBJECT:** Notice of Funding Availability – **Please Read This First**

This Notice of Funding Availability (NOFA) announces that Snohomish County is accepting applications for the 2024 Hotel-Motel Small Fund Grant from public and non-profit agencies for tourism marketing, promotions, and capital projects.

This grant is funded with the County Lodging Taxes imposed on hotel and motel room rentals in Snohomish County. Funding is awarded through a competitive process and provided on a reimbursement-only basis. Applicants must demonstrate the ability to complete projects by December 15, 2024. **Grant disbursements begin on or about January 24, 2024.**

The total amount of the 2024 Grant is projected to be \$600,000. Historically, the average project allocation is \$10,000 but ranges from \$5,000 - \$50,000. Details of eligibility and other program requirements are included in the application package.

Completed applications must be submitted **electronically via email to [Tourism@snoco.org](mailto:Tourism@snoco.org) and received no later than **midnight (11:59 p.m.) Wednesday, August 23, 2023.** You will receive an automatic response as confirmation that your application has been successfully received. **Hardcopy and/or incomplete applications will not be considered.****

If you have questions, require additional information, or need technical assistance, please contact Trudy Soriano at [Trudy.Soriano@snoco.org](mailto:Trudy.Soriano@snoco.org).

# Snohomish County 2024 Hotel-Motel Small Fund Grant Application

## PROJECT SPONSOR INFORMATION

Project Title: \_\_\_\_\_

Date Range and Location of Event/Project: \_\_\_\_\_

Request: \$ \_\_\_\_\_ Match: \$ \_\_\_\_\_ Total Project Budget: \$ \_\_\_\_\_

Check all service categories that apply to this application, per RCW 67.28.1816:

- Tourism Promotion/Marketing
- Operation of a Special Event/Festival designed to attract tourists
- Operation of a Tourism Promotion Agency
- Operation of Tourism-Related Facility owned or operated by a municipality or public facilities district
- Capital Costs of a Tourism-Related Facility owned by a municipality or public facilities district

Project Rank (If sponsor is submitting more than one project): \_\_\_\_\_

Project Sponsor /  
Contract Authority: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Sponsor is a: Non-Profit: EIN # \_\_\_\_\_

Public agency: Tax ID # \_\_\_\_\_

Has your organization previously received a Lodging Tax Grant from Snohomish County? Yes \_\_\_ No\_\_\_

If yes, what year(s) did your organization receive funding:

YEAR:	AWARDED AMOUNT:	PROJECT TITLE:

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**2024 Visitor Participation**

Estimated overall visitors drawn: \_\_\_\_\_

Estimated number of visitors traveling 50+ miles: \_\_\_\_\_

Estimated visitors traveling from out-of-state / out-of-country: \_\_\_\_\_

Estimated one-day visitors (not paying for overnight lodging): \_\_\_\_\_

Estimated number of lodging nights generated by project: \_\_\_\_\_

**CERTIFICATION**

I am an authorized agent of the agency/organization applying for funding. I understand that:

- I am proposing a tourism-related service. If awarded, my organization intends to enter into a Municipal Services Contract with Snohomish County and provide liability insurance for the duration of the contract naming Snohomish County as additional insured and, in an amount, determined by the County.
- Snohomish County will only reimburse those costs incurred by my organization/agency after the service is rendered, paid for, and a signed Request for Reimbursement form has been submitted to the County, including copies of invoices and payment documentation.
- My agency/organization will be required to submit a report documenting economic impact results in a format determined by the County.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed or Typed Name: \_\_\_\_\_

**Completed application packages must be emailed and received by 11:59 p.m. August 23, 2023.**

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## 1. PROJECT SUMMARY

Please fill out the following bullets listed below and provide a one paragraph summary (maximum 250 words) on the scope of your proposed project. Please include how you plan to use the requested LTAC funds, the number of over nights you anticipate your project will bring to the county, how you plan to attract visitors from 50+ miles away, and any other tourism objectives your project includes.

- Applicant: \_\_\_\_\_
- Project Title: \_\_\_\_\_
- Total Project Budget: \_\_\_\_\_
- Requested Funding: \_\_\_\_\_
- Estimated number of lodging nights generated: \_\_\_\_\_
- County District(s) Impacted: \_\_\_\_\_

Summary:

Continues onto next page.

## 2. SCOPE OF WORK

Please use the chart below to break out your project into its key stage tasks throughout 2024.

MONTH	PROJECT TIMELINE / BENCHMARKS
January	
February	
March	
April	
May	
June	
July	
August	
September	
October	
November	
December	

Continues onto next page.

### 3. SCOPE OF WORK NARRATIVE

Please use the space below to provide any necessary background on elements of your project timeline and scope. In your answer, please include answers to all that apply:

- (1) Why is this project a good fit for Snohomish County Hotel-Motel grant funding?
- (2) How will grant funding will amplify your proposed project?
- (3) What is your long-term vision for this project?

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## 4. PROJECT BUDGET DETAIL

Please provide a breakdown of major budget line items for your project. Your budget will be used to help the LTAC understand how grant funding will fit into your overall project budget.

**Please also attach a Profit & Loss (PnL) Statement to your application.**

All items not requested from County or City LTACs can be considered a cash (C) or in-kind (I/K) match. Note, personnel costs (wages, benefits, etc.) cannot be reimbursed by the county, however such costs are eligible as a portion of your in-kind matching funds.

		Project Name:			
Item	Requested from County	*Requested from City LTAC (if applicable)	Cash Match	In-Kind Match	Total
1.	\$	\$	\$	\$	\$
2.	\$	\$	\$	\$	\$
3.	\$	\$	\$	\$	\$
4.	\$	\$	\$	\$	\$
5.	\$	\$	\$	\$	\$
6.	\$	\$	\$	\$	\$
7.	\$	\$	\$	\$	\$
8.	\$	\$	\$	\$	\$
9.	\$	\$	\$	\$	\$
10.	\$	\$	\$	\$	\$
Totals:	\$	\$	\$	\$	\$

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## 5. PROJECT BUDGET NARRATIVE

In the space below please offer any additional information which you feel may provide useful background on your proposed budget.

- If this is the first or second year applying for funds for this project, please explain how grant funding will help kick-start the project for long-term success and resiliency.
- If you have applied for grant funding for three or more years, please explain how Hotel-Motel funds will be used to adapt or grow your project. Specifically, how will funds be used to increase visitation to Snohomish County?

If applicable, please provide a spreadsheet of project profits & loses to illustrate your answers to the questions above.

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## 6. MARKETING PLAN

Please provide a brief overview of your project marketing plan. Include how you plan to use marketing elements to attract visitors from outside Snohomish County, specifically outside of a 50+ mile radius.

If your organization plans to use professional marketing services, please provide a description of those services, and include your proposed marketing plan as an attachment.

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## 7. ECONOMIC IMPACT

Quantify the projected overnight stays generated by your project and explain the methodology by which you developed them. If your project does not directly generate quantifiable overnights, explain how the project increases length of stay, and/or supports visitors once in-market. Please include answers to all that apply:

- (1) What is the estimated economic impact of your proposed project?
- (2) How and why will your project benefit the community?

Continues onto next page.

## 8. MEASURING SUCCESS

Please provide a summary of how you plan to measure success for your project.

- (1) What are the project objectives?
- (2) What information will you collect to measure the success of the project?
- (3) If you did not receive full funding, how would this impact the project?

Continues onto next page.

## 9. COOPERATIVE COMMITMENTS FORM

Provide details of your efforts to apply for city LTAC funds, in area where your project will be taking place. Please identify any funding partners and collaborators.

PROJECTS WHICH WILL OCCUR IN ARLINGTON, BOTHELL, EDMONDS, EVERETT, LYNNWOOD, MARYSVILLE, MONROE, MOUNTLAKE TERRACE, MUKILTEO OR SNOHOMISH: These cities have their own Hotel/Motel funds and do not contribute revenues to the County fund that underwrites this program. On the cooperative commitments form you are expected to outline your efforts to secure funding from your city fund in an amount at least equal to your request for County funds.

**As part of the grant application packet please complete this form with all information related to other funds/source contributions.**

City LTAC: \_\_\_\_\_

Date(s) Applied: \_\_\_\_\_

Amount Requested \$ \_\_\_\_\_

Status of Application:

\_\_\_\_\_

Contact Person at City:

\_\_\_\_\_

Have you applied for city or county LTAC funds in prior years? If so, please list dates, amounts and results:

YEAR	CITY/COUNTY	RESULT

Other Funding Partners:

\_\_\_\_\_

List of Cooperative Partners

\_\_\_\_\_

Amount contributed (by partner) \$ \_\_\_\_\_

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