

City of Weatherford
Hotel/Motel Tax Advisory Committee
Application Form
MEETINGS HELD ON THE THIRD TUESDAY AT 4:00 PM, CITY HALL

Organizational Information

Name of Applicant/
Organization/Agency _____ ided/Established _____

Officers:

President/Chairman _____
Daytime Phone _____

Secretary _____
Daytime Phone _____

Treasurer _____
Daytime Phone _____

Event Contact Person _____
Title _____
Address _____
City/State/Zip _____
Telephone _____
E-mail _____
Website _____

Type of Organization (brief description of activities and primary purpose)

Is your organization for profit or non-profit? _____

Meeting/Event Information

Amount of Event Support Funding Requested \$ _____

Name of Meeting/Event _____

Brief Narrative Description of Meeting/Event

Number of Years Previously Rec'd Funds _____ Date of Last Meeting/Event _____

Date Event to Begin _____ To be Completed _____

What publicity material will carry the City of Weatherford logo?

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Economic Impact

Economic Benefit/Impact to the City of Weatherford

Anticipated Visitor Attendance to Weatherford _____ Local (within 75 miles)
_____ Local (out of 75 miles)
_____ Out of State

Expected Total Number of Hotel/Motel Room Nights (# nights x # rooms)

Anticipated Hotels/Motels to be used

Host Hotel/Motel _____

Overflow Hotels/Motels _____

Anticipated Meeting/Event Facilities to be used

Any Additional Comments that Support the Need for Event Support or Project's Merit as an Event or Activity Designated to Enhance Weatherford as a Travel Destination

All applicants will need to supply a comparison to similar events or projects (including a report of the number of room-nights generated) and a statement outlining the economic impact the event or project will generate for Weatherford. If this is an annual event, reports from previous years are excellent comparisons.

IMPORTANT:

The financial information schedule must be attached with budget information completed for this application to be considered.

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Name and Address to Appear on Check:

Name _____
Address _____

"We agree all of the information included in this application is true to the best of our knowledge.
We agree to provide a final statement of all income and expenses at the conclusion of the event"

Signature - Applicant (Title)

Date _____

SWOSU APPLICANTS ONLY - MUST HAVE SWOSU President or President's Designee Signature

Signature - SWOSU President _____

Before submitting grant, please make sure

** All pages have been filled out in their entirety. If a question is not answered, please state why it is not answered. Obtain proper signatures on application.

**GRANT RECOMMENDED TO CITY COMMISSION
FOR APPROVAL:**

\$ _____

Signature - Hotel/Motel Tax Representative (Title)

Date _____

The Hotel/Motel Tax Advisory Committee will make a recommendation to the City of Weatherford City Council during the monthly regularly scheduled meetings. A representative from the organization requesting funds may be present at the Hotel/Motel Tax Advisory Committee meeting to answer questions.

Should a grant be submitted to meeting/event coordinator prior to an event and the event is canceled, the organization agrees to repay all funds received within 30 days of the scheduled date of the event, with repayment to be made no later than 30 days from the date of cancellation.

Return to: City of Weatherford
Office of City Clerk
522 W. Rainey Avenue
Weatherford, OK 73096-4704

***Applications must be submitted by the 10th of each month to be on the Hotel Motel Committee Agenda.
Applicants are encouraged to attend the meeting.**

**City of Weatherford
Hotel/Motel Tax Advisory Committee
Financial Information**

EVENT NAME: _____
EVENT DATE: _____

NOTE: Budget information must be completed & submitted with application.
Budget & Actual must be completed & submitted with accountability form.

	<u>Budget</u>	<u>Actual</u>
<u>Estimated Revenues</u>		
Amount of Event Support Funding Requested	\$ _____	\$ _____
Funds to be Provided by Applicant	\$ _____	\$ _____
Additional Sources of Funding	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
Total Revenues	\$ 0.00	\$ 0.00
Total Expenses - see below	\$ 0.00	\$ 0.00
REVENUES LESS EXPENSES (LOSS/GAIN)	\$ 0.00	\$ 0.00

Expense Breakdown

Special Events (be specific in expense breakdown)

_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
SUB TOTAL	\$ 0.00	\$ 0.00

Marketing/Promotion (if paid media specify name/type of media/publication and date of airing/appearance; if audio visual specify slide, film, video, etc...; for all other be specific in expenses breakdown)

_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
SUB TOTAL	\$ 0.00	\$ 0.00

**City of Weatherford
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Financial Information**

	<u>Budget</u>	<u>Actual</u>
Collateral Material (ie: brochures, maps, flyers, etc. - specify type and number printed, include breakdown of design, layout and printing cost)		
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
SUB TOTAL	\$ 0.00	\$ 0.00
Capital Improvements (be as specific as possible)		
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
SUB TOTAL	\$ 0.00	\$ 0.00
Trade and/or Travel Show (specify expense breakdown and show name)		
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
SUB TOTAL	\$ 0.00	\$ 0.00
Administrative Overhead		
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
SUB TOTAL	\$ 0.00	\$ 0.00
Other (be specific)		
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
SUB TOTAL	\$ 0.00	\$ 0.00
Total Expenses	\$ 0.00	\$ 0.00

**Hotel/Motel Tax Advisory Committee
Meeting/Event Recruitment Accountability Form
MUST BE TURNED IN AFTER THE EVENT**

Event Information:

Name of Meeting/Event _____

Date(s) of Meeting/Event _____

Date Grant Approved: _____

Approved Grant Amount: \$ _____

Grant Received \$ _____

NOTE: The financial information form must be attached.

Meeting/Event Description

Overall Evaluation of Meeting/Event

Evaluation of Economic Impact to the City of Weatherford

Total Attendance _____

Total # of Rooms _____

Any Additional Information of Meeting's /Event's Success in achieving intended results

PLEASE NOTE:

If this form is not completed and returned to the address stated below the organization may not be eligible for future grants.

Marketing and Advertising Exposure: Please attach a media coverage plan used for the promotion or event. Include copies of all newspaper, radio and printed materials (posters, fliers, pamphlets, press releases, direct mailings, etc.) that were used.

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