

NOTICE OF FUNDING AVAILABILITY



**City of Lakewood
Economic Development Department**

**2010
Lodging Tax Advisory Committee
Tourism Promotion
Application**

FINAL APPLICATION SUBMISSION DEADLINE:
Thursday - July 30, 2009 at 4:00 p.m.

DELIVER OR MAIL APPLICATION SUBMISSIONS TO:
City of Lakewood
ATTN: Ellie Chambers-Grady, Economic Development Manager
6000 Main Street SW, 3rd Floor Receptionist
Lakewood, WA 98499-5027

IF YOU HAVE QUESTIONS, PLEASE CONTACT:
Melody Perrussel - (253) 983-7769

GENERAL APPLICATION CONDITIONS

APPLICATION PERIOD: Opens at 8:30 a.m. on Thursday - July 9, 2009, and **closes at 4:00 p.m. on Thursday - July 30, 2009.** Submit a separate application for each individual project/event. Late applications will not be accepted.

OBJECTIVE: To support projects which encourage eligible tourism and cultural activities and support tourism facilities in Lakewood. The source of funds is the City's share of taxes collected on overnight stays within the City of Lakewood.

WA State RCW 67.28 limits the use of lodging tax funds to one of the following uses:

- Tourism promotion and/or to market and operate special events and festivals, and/or
- Acquisition or management of tourism-related facilities.

PROPOSALS MUST MEET ONE OR MORE OF THE FOLLOWING OBJECTIVES:

- Generate increased tourism in Lakewood resulting in over-night stays at local hotels.
- Generate economic benefit through overnight lodging, sale of meals and goods, and/or construction of tourism-related facilities.
- Increased recognition of Lakewood throughout the region as a tourism destination.
- Increase opportunities for tourism by developing new visitor activities.

Information regarding E-Verify is attached. Please review the two-page attachment for additional information on this City of Lakewood contracting requirement. Additional information may be obtained at the E-Verify website listed in the attachment.

Lakewood's Lodging Tax Advisory Committee will schedule applicant presentations and make funding recommendations to the Lakewood City Council. Final funding decisions will be made by the Lakewood City Council in September-2009.

If you have questions about this application, the grant process or lodging tax grants, please contact Melody Perrussel at (253) 983-7769 or: mperrussel@cityoflakewood.us

APPLICATION CHECK LIST

The complete, originally signed application plus attachments and 12 photocopies must be submitted in person to the third floor receptionist, or received in the mail, **no later than 4:00 p.m. on Thursday - July 30, 2009.** Late applications will not be accepted.

- Submit one complete, signed original application and attachments on 8 1/2x11 pages.
- Submit 12 photocopies of the application and attachments.
- Submit one application electronically to: mperrussel@cityoflakewood.us
- Submit one copy of the requesting agency's 2009 operating budget.
- Non-profit organizations must submit tax-exemption determination letters from the Federal Internal Revenue Service and the WA State Franchise Tax Board.

City of Lakewood Lodging Tax Grant Application

APPLICATION DATE: _____

ORGANIZATION: _____

ADDRESS: _____

ORGANIZATION TYPE: _____
(NON-PROFIT, FOR PROFIT, MUNICIPALITY, ETC)

ORGANIZATION WEBSITE: _____

APPLICANT NAME: _____
MUST BE A PERSON AUTHORIZED TO BIND THE ORGANIZATION IN A CONTRACT

APPLICANT TITLE: _____

APPLICANT EMAIL: _____

PHONE: _____

FAX: _____

FEDERAL TAX ID #: _____

UBI #: _____

PROJECT/OFFICIAL EVENT NAME: _____

AMOUNT REQUESTED: \$ _____

TOTAL PROJECT COST: \$ _____

PERCENTAGE OF THE TOTAL PROJECT COST YOU ARE REQUESTING? _____%

1. PROJECT DESCRIPTION:

Please provide a detailed description of the proposed project/activity:

- Beginning and ending dates? How and why will the community benefit?
- Will there be a charge or fee for this project/activity? Is this a seasonal project or activity?
- If this request is for tourism promotion, provide an outline of the marketing plan.

2. EXPECTED NUMBER OF VISITORS: _____

3. ESTIMATED NUMBER OF OUT-OF-TOWN VISITORS WHO WILL TRAVEL MORE THAN 50 MILES? _____

4. ESTIMATED NUMBER OF MOTEL/HOTEL ROOM NIGHTS GENERATED: _____

5. DESCRIBE IN DETAIL THE VISITORS THAT ARE EXPECTED TO BE ATTRACTED BY THE PROJECT/ACTIVITY (i.e., Lakewood citizens, visitors from outside Lakewood, outside of Pierce County, out of Washington, international visitors).

6. BENEFICIARIES

Please list and provide specific information regarding all individuals, businesses, communities, and/or organizations that will directly benefit from the project/activity.

7. GOALS/MONITORING

Describe the project goals and how its performance will be measured:

- Will the project result in an increase of overnight stays by visitors in Lakewood?
- Explain how your organization will collect, track, monitor, and verify this increase (i.e. surveys, registrations, track hotel overnight stays, etc.).

8. EXPLAIN HOW THIS PROJECT MEETS THE LISTED GUIDELINES AND OBJECTIVES FOR LODGING TAX FUNDING.

9. FUNDING REQUIREMENTS

Due to funding constraints, partial funding may be recommended. Please provide reduced funding levels, describing how each level of partial funding will impact the project/activity. Include the least amount the organization can receive and still produce the project/activity.

Describe Priority	Amount
FULL FUNDING – Funding entire project.	\$
PARTIAL FUNDING – Detail what this funding level includes?	\$
PARTIAL FUNDING – Detail what this funding level includes?	\$
APPLICANT WILL/CAN ACCEPT NO LESS THAN THIS AMOUNT? Detail what this funding level includes?	\$

10. ORGANIZATIONAL INFORMATION

What month does the organization’s fiscal year begin? _____

Number of full time staff: _____ Number of part-time staff: _____

Number of volunteers: _____ Year organization incorporated: _____

10a. Either here or on a separate page, provide the names, titles, affiliations or occupations, and addresses of your organization’s current Board of Directors or governing body. Identify your organization’s principal officers.

11. NON-CAPITAL PROJECTS BUDGET

11a. Income: A diversified funding base is important to the success of any project. Please list all other sources of funding, both anticipated and confirmed, and when that funding will be available to the project. Please include any lodging taxes received from other jurisdictions.

Funding Source	Amount	Confirmed?	Date Available
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		

11b. Expenses based on full funding: Please list project costs. If other funds are committed, please attach a letter of commitment from the funding source.

	Lakewood Funds	Other Funds	Total
Personnel (salaries and benefits)	\$	\$	\$
Administration (rent, utilities, postage, supplies, janitorial services, etc.)	\$	\$	\$
Marketing/Promotion (total)	\$	\$	\$
Travel	\$	\$	\$
Consultants	\$	\$	\$
Construction/Renovation	\$	\$	\$
Other	\$	\$	\$
TOTAL PROJECT COST (Must equal amount listed on page three)	\$	\$	\$

12. FUNDING HISTORY

12a. Was this project/activity previously funded with a Lakewood lodging tax grant?

Yes No

If so, what year was your last grant? _____ The last grant amount? \$_____

12b. What efforts have been made this past year to access funding from other sources?

13. COORDINATION AND COLLABORATION

Please provide information about any other organizations or agencies involved in this project/ activity, and describe their level of involvement.

If you have questions about this application, the grant process or lodging tax grants, please contact Melody Perrussel at (253) 983-7769 or: mperrussel@cityoflakewood.us

I understand the City of Lakewood and Washington State limitations placed on use of lodging tax grant funds and certify that the requested funds will be used only for the purposes described in this application or as otherwise approved by the City. I understand use of funds is subject to audit by the State of Washington.

PRINT APPLICANT NAME: _____
MUST BE A PERSON AUTHORIZED TO BIND THE ORGANIZATION IN A CONTRACT

APPLICANT TITLE: _____ **DATE:** _____

APPLICANT SIGNATURE: _____
MUST BE A PERSON AUTHORIZED TO BIND THE ORGANIZATION IN A CONTRACT

CITY OF LAKEWOOD

E-VERIFY REQUIREMENTS FOR CONTRACTORS

By Ordinance, the City of Lakewood requires that all contractors who enter into agreements to provide services or products to the City use the Department of Homeland Security's E-Verify system when hiring new employees for the term of the contract.

E-Verify is an electronic system designed to verify the documentation of job applicants. It is run by the Department of Homeland Security.

Who is affected?

- All contractors doing business for the City of Lakewood. There is no minimum dollar value for contracts affected.
- All subcontractors employed by the general contractor on these contracts.

Are there exceptions?

- Contracts for "Commercial-Off-The-Shelf" items are exempted from this requirement.
- Individuals, Companies, or other organizations who do not have employees.

How long must the contractor comply with the E-Verify system?

- For at least the term of the contract.

Are there other stipulations?

- E-Verify must be used ONLY for NEW HIRES during the term of the contract. It is NOT to be used for EXISTING EMPLOYEES.
- E-Verify must be used to verify the documentation of ANY new employee during the term of the contract, not just those directly or indirectly working on deliverables related to the City of Lakewood contract.

How will the City of Lakewood check for compliance?

- All contractors will retain a copy of the E-Verify Memorandum of Understanding that they execute with the Department of Homeland Security AND
- Sign and submit to the City an Affidavit of Compliance with their signed contract.
- All General Contractors will be required to have their subcontractors sign an Affidavit of Compliance and retain that Affidavit for 4 years after end of the contract.
- The City of Lakewood has the right to audit the Contractor's compliance with the E-Verify Ordinance.

Further information on E-Verify can be found at the following website:

<http://www.uscis.gov/e-verify>

If you have questions about the City's E-Verify Ordinance, please contact the City of Lakewood's legal department prior to contracting with the City.

CITY OF LAKEWOOD

**AFFIDAVIT OF COMPLIANCE WITH LAKEWOOD MUNICIPAL CODE 1.42
"E-VERIFY"**

As the person duly authorized to enter into such commitment for

(Company or Organization Name)

I hereby certify that the Company or Organization named herein will

(check one box below)

- Be in compliance with all of the requirements of City of Lakewood Municipal Code Chapter 1.42 for the duration of the contract entered into between the City of Lakewood and the Company or Organization.

OR

- Hire no employees for the term of the contract between the City and the Company or Organization.

NAME

TITLE

DATE