

NOTICE OF FUNDING AVAILABILITY



**City of Lakewood
Economic Development Department**

**2011
Lodging Tax Advisory Committee
Tourism Promotion
Application**

FINAL APPLICATION SUBMISSION DEADLINE:

Thursday - July 29, 2010, at 4:00 p.m.

DELIVER OR MAIL APPLICATION SUBMISSIONS TO:

**City of Lakewood
Economic Development Manager Ellie Chambers-Grady
6000 Main Street SW, 3rd Floor Receptionist
Lakewood, WA 98499-5027**

***IF YOU HAVE QUESTIONS, PLEASE CONTACT:
Melody at 253-983-7769 or mperrussel@cityoflakewood.us***

APPLICATION CHECK LIST

- Submit one complete original, signed application with attachments on 8 1/2"x11" only.
- Submit 12 photocopies of the original, signed application with attachments.
- Submit a filled in and signed E-Verify Affidavit.
- Submit one application electronically (in MS Word) to: mperrussel@cityoflakewood.us
- Submit a 2011 operating budget for the requesting agency/project.
- Submit a 2011 marketing plan for the proposed agency/project.
- 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.
- Non-profit organizations must submit their 501(c)3 or 501(c)6 tax-exemption determination letters from the Federal Internal Revenue Service.

GENERAL APPLICATION CONDITIONS

APPLICATION PERIOD: The application period opens at 8:30 a.m. on Thursday, July 8, 2010, and closes at 4:00 p.m. on Thursday, July 29, 2010.

Submit a separate application for each individual project/event.

Applications will be considered as submitted. Staff will not call for corrections. Even if postmarked earlier, applications will not be accepted if not received by 4:00 p.m. on Thursday, July 29, 2010. Original applications will not be accepted electronically.

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

E-VERIFY AFFIDAVIT: By ordinance, the City of Lakewood requires that businesses, including non-profits, which contract with the city enroll and participate in the Federal E-Verify program. Your contract, if awarded, will be subject to the provisions found on the E-Verify Affidavit on pages 11 and 12. The attached affidavit is part of this application.

THE CITY IS NOT PROVIDING DISCOUNTED USE RESERVATIONS ("CITY DAYS") FOR LODGING TAX GRANT PROJECTS/EVENTS at the Clover Park Technical College (CPTC) Sharon McGavick Conference Center. **Applicants planning events at the CPTC Sharon McGavick Center must work directly with CPTC to fulfill their project/event requirements.** It is an applicant's responsibility to make sure a Lakewood location is secured prior to signing a city contract to produce a project/event.

Lakewood's Lodging Tax Advisory Committee will schedule applicant presentations in August-2010 and make funding recommendations to the Lakewood City Council. Final funding decisions will be made by the Lakewood City Council in November-2010.

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

City of Lakewood 2011 Lodging Tax Grant Application

APPLICATION DATE: _____

PROJECT/EVENT NAME: _____

AMOUNT REQUESTED: \$ _____

TOTAL PROJECT COST: \$ _____

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

ORGANIZATION: _____

APPLICANT NAME: _____

MUST BE THE PERSON AUTHORIZED TO BIND THE ORGANIZATION IN A CONTRACT

APPLICANT TITLE: _____

ORGANIZATION ADDRESS: _____

ORGANIZATION TYPE: _____

(501(c)(3), 501(c)(6), GOVERNMENT)

APPLICANT EMAIL: _____

ORGANIZATION WEBSITE: _____

APPLICANT PHONE: _____ FAX: _____

EMPLOYER ID #: _____

UBI #: _____

1. PROJECT DESCRIPTION:

- Provide a detailed description of the proposed project/activity including project length.
- Will there be a charge or fee? Is this a seasonal project or activity?
- Provide a marketing plan for the proposed project/activity.

2. TOTAL ESTIMATED NUMBER OF VISITORS: _____

3. ESTIMATED NUMBER OF VISITORS WHO WILL ATTEND FROM MORE THAN 50 MILES AWAY: _____

4. ESTIMATED NUMBER OF LAKEWOOD MOTEL/HOTEL ROOM NIGHTS THAT WILL BE GENERATED: _____

5. DESCRIBE THE TYPES OF VISITORS THAT ARE EXPECTED TO BE ATTRACTED TO THE PROJECT/ACTIVITY. (i.e., Lakewood citizens, visitors from outside Lakewood, from outside of Pierce County or Washington State, international visitors)

6. GRANT FUNDING:

Due to funding constraints, partial funding may be recommended. Detail what each funding level will include as well as the least amount the organization can receive and still produce the project/activity.

DESCRIBE PRIORITY	AMOUNT
FULL FUNDING REQUESTED FOR ENTIRE PROJECT.	\$
PARTIAL FUNDING: <u>DETAIL WHAT THIS FUNDING LEVEL INCLUDES.</u>	\$
APPLICANT WILL/CAN ACCEPT NO LESS THAN THIS AMOUNT: <u>DETAIL WHAT THIS FUNDING LEVEL INCLUDES.</u>	\$

7. GOALS/MONITORING:

- What are the project goals and how will its performance be measured?
- How will you verify the number of visitors coming from over 50 miles?
- How will you verify that visitors stayed overnight in Lakewood?

6. BENEFICIARIES:

- Who will benefit from this project/activity?
- Provide specific information regarding individuals, businesses, communities, and/or organizations that will directly benefit.

7. COORDINATION AND COLLABORATION:

- Identify other organizations or agencies involved in this project/activity.
- Describe their level of involvement and how this project coordinates with other local tourism promotional efforts.

10. ORGANIZATIONAL INFORMATION:

What month does your organization's fiscal year begin? _____

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

Number of volunteers: _____ Year your 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 (including any lodging tax grants applied for from other jurisdictions), both anticipated and confirmed, and when that funding will be available.

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.

	LTAC FUNDS	OTHER FUNDS	TOTAL
Personnel (salaries and benefits)	\$	\$	\$
Administration (rent, utilities, postage, supplies, janitorial services, etc.). Insurance is not an eligible cost.	\$	\$	\$
Marketing/Promotion (total)	\$	\$	\$
Travel	\$	\$	\$
Consultants	\$	\$	\$
Construction/Renovation	\$	\$	\$
Other	\$	\$	\$
TOTAL PROJECT COST (Must equal amount listed on page three)	\$	\$	\$

12. FUNDING HISTORY:

12a. If your project/activity was previously funded by Lakewood lodging tax grants, what year was your last grant? _____ What was your last grant award? \$ _____

12b. Describe your efforts to access funding from other sources this past year for 2011?

13. CAPITAL PROJECT BUDGET:

PLEASE NOTE: In order to receive funding for a tourism-related capital facilities project, such a facility would require a proportional degree of City of Lakewood ownership in the facility or its permanent fixtures and contents.

FUNDING/ TIMELINE	Responsible Parties, Methods, Means	Beginning Date or Period	End Date or Period	Amount Requested from Lodging Tax Funds	Other Funds Committed -or Proposed	TOTALS
Design & Inspection				\$	\$	\$
Other Consultants				\$	\$	\$
Permits & Fees				\$	\$	\$
Land Acquisition				\$	\$	\$
Site Development & Landscape				\$	\$	\$
Buildings - New Construction				\$	\$	\$
Building Renovations (Includes Access)				\$	\$	\$
Other - Specify (Insurance is not an Eligible Cost.)				\$	\$	\$
TOTAL				\$	\$	\$

If other funds are committed, please attach a letter of commitment from the funding source.

14. CERTIFICATION:

The applicant hereby certifies and confirms:

1. That it does not now nor will it during the performance of any contract resulting from this proposal unlawfully discriminate against any employee, applicant for employment, client, customer, or other person(s) by reason of race, ethnicity, color, religion, age, gender, national origin, or disability;
2. That it will abide by all relevant local, state, and federal laws and regulations;
3. That it has read and understands the information contained in this Request for Proposal and is in compliance with the provisions thereof, and;
4. That the individual signing below has the authority to certify to these provisions for the applicant organization, and declares that he/she is an authorized official of the applicant organization, is authorized to make this application, and is authorized to commit the organization in financial matters, and;
5. That the individual signing below understands City of Lakewood and Washington State law places limitations 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.

APPLICANT SIGNATURE

PRINT NAME & TITLE OF PERSON AUTHORIZED TO BIND ORGANIZATION IN A CONTRACT

DATE

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.

SIGNATURE

PRINT NAME AND TITLE

DATE