



Tourism Enhancement Grant Event Application

Read the Overview and Instructions before completing the application. Applications may be mailed, e-mailed or dropped-off to the address below. If submitting by e-mail, please have a signed electronic version included. The applications are to be sent to:

Tim Johnson, Director of
Economic Development
Mayor's Office
City of Federal Way
33325 8th Avenue South
Federal Way, WA 98003-6325
tim.johnson@cityoffederalway.com

Applicants will be notified of the date and time their application will be reviewed by the Tourism Enhancement Grant (TEG) Subcommittee. It is recommended that a representative of your organization be on hand at the review to answer questions from the TEG Subcommittee.

Applicant's Name: _____

Name of Organization: _____

Mailing Address: _____

Website Address: _____

Applicant's E-Mail Address: _____

For Profit _____

Non-Profit Which Type: 501(c)3 _____ 501(c)6 _____ other? _____
(include copy of current state or federal non-profit registration)

State Domiciled: _____

Daytime Telephone: _____ Fax: _____

Official Event Name: _____

Proposed Date(s) of Event (MM/DD/YY): _____

GRANT AMOUNT REQUESTED

\$ _____

Is this a new event program? Yes _____ No _____
Has your organization ever applied for a TEG? Yes _____ No _____ If yes, when? _____
Has your organization received a TEG award in the past? Yes _____ No _____

Scope of the event:

- _____ Less than 50 miles (Federal Way, Auburn, etc.)
- _____ More than 50 miles (Western WA)
- _____ Statewide
- _____ Multi-States (Western US)
- _____ National
- _____ International

Briefly describe the event and how it will improve/increase tourism activities in Federal Way.

Is there a cultural or educational value to the event? If yes, please explain.

FINANCIAL INFORMATION

On a separate sheet, attach a budget for the event listing revenues and expenses. In addition to revenue provided by the organization or the event (ticket sales, etc.), include a list of other sources of forecasted revenue support, either those requested and pending or confirmed (sponsorship, grants, etc.). Is this support in-kind or financial? If financial, include the amount.

Do you expect to make a profit? Yes _____ No _____ If yes, how much? _____

MARKETING

On a separate sheet, attach information on how the event will be publicized and marketed. List all publications and media venues (Facebook, Twitter, website, brochures, newspaper, magazines, etc.); in addition to any give away promotional materials that will be used.

EVENT INFORMATION

Length of the event:

- One day
- Two days
- Three days
- Four days
- Five or more days

Location of the event:

- Federal Way
- South King/North Pierce County
- Other _____

Tourism Season:

- Peak Season (Jun-Sep)
- Shoulder Season (Oct, Jan-Mar)
- Off Season (Nov-Dec, Apr-May)

Proposed venue(s): _____

Have you confirmed the availability of the proposed dates at the primary venue? Yes _____ No _____

Will you have a need for secondary or practice venues? Yes _____ No _____

Proposed schedule of the event for each day:

| Date | Time | Date | Time |
|------|------|------|------|
| | | | |
| | | | |
| | | | |

ECONOMIC IMPACT OF EVENT

Breakdown of projected attendees over the course of the event:

| | Date: | Date: | Date: | Date: | TOTAL |
|------------------------|-----------|-----------|-----------|-----------|--------------|
| | Attendees | Attendees | Attendees | Attendees | Attendees |
| Spectators | | | | | |
| Participants | | | | | |
| Support Staff | | | | | |
| TOTAL ATTENDEES | | | | | |

Provide an estimate of where projected attendees will travel from and their projected room nights (total number of rooms for their entire stay) during the event.

| Attendees | Local (less than 50 miles) | Regional (Western WA greater than 50 miles) | Statewide | Multi-States (Western US) | National | International | TOTAL |
|----------------------|----------------------------------|--|-------------------|---------------------------------|-------------------|-------------------|--------------|
| Spectators | _____ Room nights | _____ Room nights | _____ Room nights | _____ Room nights | _____ Room nights | _____ Room nights | |
| Participants | _____ Room nights | _____ Room nights | _____ Room nights | _____ Room nights | _____ Room nights | _____ Room nights | |
| Support Staff | _____ Room nights | _____ Room nights | _____ Room nights | _____ Room nights | _____ Room nights | _____ Room nights | |
| TOTAL | | | | | | | |

Total Projected Attendees _____ **Total Projected Room Nights** _____

What types of business do you expect will be affected?

Services (gas, mini-marts, etc.) _____ Entertainment _____

Restaurants _____ Shopping _____ Lodging _____

LODGING AND HOTEL STAYS

Will you be listing any **“Official Lodging”** for this event? Yes _____ No _____

If yes, provide name, address, contact person, and phone number.

Provide all hotels/motels that you will include in all your publicity for the event.

List all the hotels/motels where rooms have or will be blocked for spectators, participants, and support staff.

| Projected Attendees | Hotel/Motel Name | Number of Blocked Rooms |
|----------------------|-------------------|-------------------------|
| Spectators | <hr/> <hr/> <hr/> | <hr/> <hr/> <hr/> |
| Participants | <hr/> <hr/> <hr/> | <hr/> <hr/> <hr/> |
| Support Staff | <hr/> <hr/> <hr/> | <hr/> <hr/> <hr/> |

The undersigned certifies that the information provided above is true and accurate and any projections are based on history of similar events and activities that are available to the industry and adjusted to local conditions.

Applicant's Signature: _____

Applicant's Printed Name: _____

Applicant's Title: _____

Date: _____