



Please print clearly and complete the following application.

ORGANIZATION/BUSINESS INFORMATION

Today's Date: _____

Name of Organization/Business: _____

Mailing Address: _____

City, State, Zip: _____

Contact Name: _____

Contact Phone Number: _____

Contact E-mail: _____

Is your organization/business: Non-profit ____ Private/For-Profit ____ Tax ID# _____

Purpose of your organization/business:

PROPOSAL INFORMATION

1. Does your Event/Expenditure pass **Part One** of the statutory test, defined specifically as directly enhancing and promoting tourism in Buda **AND** directly promoting the overnight accommodation industry in Buda by increasing overnight stays?

Yes ____ No ____

2. Does your Events/Expenditure pass **Part Two** of the statutory test, defined specifically as limiting the use of Hotel Occupancy Tax funds to one or more of the following categories: (1) Funding the establishment, improvement, or maintenance of a convention center or visitor information center; (2) Paying the administrative costs for facilitating convention registration; (3) Paying for advertising, solicitations, and promotion that attract tourists and convention delegates to the county or its vicinity; (4) Expenditures that promote the arts; (5) Funding historical restoration or preservation programs; (6) Certain sporting event related expenses; (7) Certain sporting related structures; (8) Certain tourist shuttles; (9) signage directing tourists to attractions frequently visited by hotel guests.

Yes ____ No ____

***Please indicate the category your applications falls under by circling the number above**

If the answer to one of the above two questions is "NO", you are not eligible for HOT funds and need not continue



EVENT/EXPENDITURE DESCRIPTION

1. Name of your event/expenditure: _____

2. Website address of your event/expenditure: _____

3. Date(s) of event/expenditure: _____

4. Will there be an admission charge for this event/expenditure? Yes: _____ No: _____

5. Please list any additional charges for this event/expenditure (i.e. parking, entry fees for contests, etc...)

Activity: _____ Cost: _____

Activity: _____ Cost: _____

Activity: _____ Cost: _____

6. Primary location of event/expenditure: _____

7. What is specifically being marketed or promoted (i.e. facility, event, etc...)

8. Purpose and goal of your organization and who benefits from your success:

VISITOR IMPACT

1. Previous year's number of persons expected attending this event/expenditure:

Local (Austin Metro Area): _____

Out of Town (Beyond Austin Metro Area): _____

2. Number of total persons expected to attend this event/expenditure:

Local (Austin Metro Area): _____

Out of Town (Beyond Austin Metro Area): _____

3. Approximately number of people attending/visiting (including vendors) event or expenditure will stay overnight in Buda hotels, motels or bed and breakfasts? _____

4. Do you reserve a room block for this event/expenditure? Yes: _____ No: _____

5. How do you measure the impact of your event on area overnight facilities?



FUNDING REQUEST

1. Amount Requested: \$ _____

2. Current Operating Budget for Proposed Event/Expenditure: \$ _____

3. Total advertising/promotion budget: \$ _____

4. What is your organization's direct contribution to the above? \$ _____

5. How will the funds be used?

6. Please indicate all promotion efforts your organization is coordinating and the amount financially committed to each media outlet:

Paid Advertising \$ _____ Press Releases to Media \$ _____

Radio \$ _____ Newspaper \$ _____

Television \$ _____ Direct Mailings \$ _____

Distribution of Brochures \$ _____ Other (describe) \$ _____

7. How do you intend to advertise or promote your event in another city or county?

8. Do you have an itemized budget on how you plan to use the requested Hotel Occupancy Tax funds? Yes _____ No _____

REQUIRED ATTACHMENTS

Along with the application, please submit the following attachments:

- _____ Itemized, detailed list of expenditures relevant for HOT revenue use
- _____ Advertising/ Marketing Plan, including targeted audience, detailed list of media to be used, if using funding for promotion
- _____ List of Board of Directors/ Event Committee with contact phone numbers
- _____ Event planning timeline or timeline through project completion
- _____ Schedule of activities relating to your event/expenditure
- _____ W9 form for organization or representative to be reimbursed
- _____ Any other information you feel will support your application



APPLICANT CERTIFICATION

I hereby certify and affirm that (1) I have read the entire information in this application packet and understand and will comply with all provisions therein; and that I intend to use the grant for the aforementioned event/expenditure to directly enhance and promote tourism and hotel industry by attracting visitors from outside of Buda into the city or its ETJ to stay overnight in one of Buda's lodging facilities. (2) I will abide by all relevant local, state, and federal laws/regulations regarding the use of Hotel Occupancy Tax.

Certified by: (signature) _____

Print Name: _____

Title: _____ Date: _____