



## City of Angleton Application for Hotel/Motel Tax Funds

Date: \_\_\_\_\_

### Organization Information

Name of Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

Do you or any member of your organization have a final conviction or placement of deferred disposition, deferred adjudication, deferred prosecution or withheld adjudication for any crime of moral turpitude involving dishonesty or fraud, including but not limited to theft, theft of service, forgery, burglary of a vehicle, tax evasion, etc.? If so, please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Event Information

Name of Event or Project: \_\_\_\_\_

Date of Event or Project: \_\_\_\_\_

Project Description: \_\_\_\_\_

\_\_\_\_\_

Primary Location of Event or Project: \_\_\_\_\_

Amount Requested: \$ \_\_\_\_\_

Amount Applicant/Organization has Budgeted for Project/Event: \_\_\_\_\_

Amount Requested (Not to exceed \$10,000 per event): \_\_\_\_\_

Note the percentage of Facility Costs Covered by HOT funds for Project/Event: \_\_\_\_\_%

Note the percentage of Staff Costs Covered by HOT funds for Project/Event: \_\_\_\_\_%

If Staff Costs are covered, estimate the percentage of time staff spends annually on the funded project/event compared to other activities. \_\_\_\_\_%

How will the requested funds be utilized? \_\_\_\_\_

\_\_\_\_\_

Your organization is a:  Not for Profit       For Profit

Federal Tax ID Number: \_\_\_\_\_

**Event-related**

An event is defined as an occurrence that will promote tourism and will meet the (2) two part test for funding under Section 351 of the Tax Code.

Has this event been held in Angleton? Please list the dates. \_\_\_\_\_

What is the projected attendance? \_\_\_\_\_

What percentage of attendees will use Hotels and/or Motels in Angleton? \_\_\_\_\_

On average, how many nights will they stay? \_\_\_\_\_

How many hotel/motel rooms have been blocked for this event? \_\_\_\_\_

At which hotels/motels? \_\_\_\_\_

\_\_\_\_\_

Please list any other organization, government entities, or grants that have offered financial support to your project.

\_\_\_\_\_

\_\_\_\_\_

Have you received private financial sponsorship?:  Yes     No

Indicate proposed marketing efforts for this event:

\_\_\_\_\_

\_\_\_\_\_

What geographic areas will your advertising and promotion reach?

\_\_\_\_\_

\_\_\_\_\_

Please describe how this event meets Criteria One of the City of Angleton's Hotel Occupancy Tax guidelines:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Which of the six statutorily provided categories in the City of Angleton's Hotel Occupancy Tax guidelines

does this fit into? Please describe.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Assurances

If money is awarded, the applicant gives assurances to the Grants Program that:

1. The activities and services for which financial assistance is sought will be administered by or under the supervision of the applying organization.
2. Any funds received as a result of this application will be used solely for the project described.
3. The officials signing the application form and subsequent contract have been authorized by the applying organization to submit this application.
4. The applicant shall retain a copy of the City of Angleton Hotel/Motel program guidelines and shall execute the grant by the rules and regulations stated therein.
5. The applicant hereby agrees to indemnify the City of Angleton from any liability rising out of the disbursement and use of grants funds, including, but not limited to any cause of accidents or claims arising at projects made possible or partially possible by the funds.
6. Applicant will provide proof of \$1 million General Liability Insurance naming the City of Angleton as an additional insured.
7. For any project/event serving alcoholic beverages, the applicant will provide proof of insurance with coverage amounts as follows, and listing the City of Angleton as additional insured. \$ 1million Liquor Liability Insurance Policy, naming City of Angleton as additional insured and a \$1 million General Liability Insurance naming City of Angleton as additional insured.

## Application Certification

I have carefully read and understand this application and I certify that the information given in this application, including attachments, is complete and accurate. I understand that the City of Angleton reserves the right to verify all information listed in the application. I understand that giving false or misleading information in the application will result in exclusion from consideration for HOT funding for the next five (5) years.

### Applicant

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date Signed: \_\_\_\_\_

### Chief Administrative Officer

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date Signed: \_\_\_\_\_

### Board President

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date Signed: \_\_\_\_\_

Please return the completed application to [communications@angleton.tx.us](mailto:communications@angleton.tx.us).