

## COUNTY OF GRANT LODGERS' TAX FUND ALLOCATION REQUEST FORM

Name of Organization/Entity: \_\_\_\_\_

Type of Organization/Entity: \_\_\_\_\_

Contact Name(s): \_\_\_\_\_

Contact Number(s): \_\_\_\_\_

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

Amount of Lodgers' Tax Funds Requested:     \$ \_\_\_\_\_

What will the funds be used for? *(check all that apply)*

\_\_\_ Advertising    \_\_\_ Tourist-Related Transportation Systems

\_\_\_ Publicizing    \_\_\_ Promoting Tourist-Related Attractions, Facilities, Events

Please explain in detail what these funds would be used for: *(Attach additional sheets if necessary)*

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Will the funds be expended in ninety (90) days? \_\_\_\_Yes \_\_\_\_No

***\*Important Notice: Lodgers' Tax Fund is a Reimbursement Program***

*Per Section 16 of Grant County Ordinance No. O-23-01, the Lodgers' Tax Fund operates as a reimbursement program, **not** a direct disbursement. Applicants must first incur and pay for eligible expenses related to tourism promotion, events, or facilities.*

*To receive funds, awarded entities must:*

- *Submit a reimbursement request within 90 days of the approved event date.*
- *Provide a completed Reimbursement Form along with all required documentation, including receipts and proof of payment.*

*Failure to submit a reimbursement request within the 90-day window will result in forfeiture of approved funds, which will be returned to the Lodgers' Tax Fund for future applicants.*

Printed Name of Applicant:\_\_\_\_\_

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

**— FOR COUNTY USE ONLY —**

Received By:\_\_\_\_\_

Date/Time:\_\_\_\_\_

Application Status: ☐ Approved; Amount Allocated:\_\_\_\_\_

☐ Denied

County Manager (or Designee):\_\_\_\_\_

Date/Time:\_\_\_\_\_