

**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)

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: \_\_\_\_\_