

**Application**

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

**Organization Information**

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

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

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

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

Web Site Address for Event/Program or Sponsoring Entity \_\_\_\_\_

Non-Profit or For-Profit status: \_\_\_\_\_ Tax ID #: \_\_\_\_\_

Entity's Creation Date: \_\_\_\_\_

Purpose, goal, and beneficiaries of your organization: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Event Information**

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

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

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

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

How will the funds be used: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Primary Purpose of Funded Activity/Facility:

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Will there be vendors or exhibitors? Please list or produce a map: \_\_\_\_\_

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**Percentage of Hotel Tax Support of Related Costs**

\_\_\_\_\_ Percentage of Total **Event/Program Costs** Covered by Hotel Occupancy Tax

\_\_\_\_\_ Percentage of Total **Facility Costs** Covered by Hotel Occupancy Tax for Funded Event/Program

\_\_\_\_\_ Percentage of **Staff Costs** Covered by Hotel Occupancy Tax for the Funded Event/Program

If staff costs are covered, estimate percentage of time staff spends annually on the funded event/program compared to other activities \_\_\_\_\_%

***Which Category or Categories Apply to Funding Request, and Amount Requested Under Each Category:***

- a) Convention Center or Visitor Information Center:** construction, improvement, equipping, repairing, operation, and maintenance of convention center facilities or visitor information centers, or both. Amount requested under this category: \$ \_\_\_\_\_
- b) Registration of Convention Delegates:** furnishing of facilities, personnel, and materials for the registration of convention delegates or registrants. Amount requested under this category: \$ \_\_\_\_\_
- c) Advertising, Solicitations, Promotional programs to attract tourists and convention delegates** or registrants to the municipality or its vicinity. Amount requested under this category: \$ \_\_\_\_\_
- d) Promotion of the Arts that Directly Enhance Tourism and the Hotel & Convention Industry:** the encouragement, promotion, improvement, and application of the arts that can be shown to have some direct impact on tourism and the hotel/convention industry. The impact may be that the art facility or event/program can show lodging nights that are booked due to their event/program or that guests at lodging providers attend the arts event/program. Eligible forms of art include instrumental and vocal music, dance, drama, folk art, creative writing, architecture, design and allied fields, painting, sculpture photography, graphic and craft arts,

motion picture, radio, television, tape and sound recording, and other arts related to the presentation, performance, execution, and exhibition of these major art forms :  
\$\_\_\_\_\_

**e) Historical restoration and preservation projects or activities or advertising and conducting solicitation and promotional programs to encourage tourists and convention delegates to visit preserved historic sites or museums.** Amount requested under this category: \$\_\_\_\_\_

**f) Expenses including promotional expenses, directly related to a sporting event/program in which the majority of participants are tourists. The event/program must substantially increase economic activity at lodging providers within the city and/or its vicinity.** Amount requested under this category: \$\_\_\_\_\_

How many individuals are expected to participate in the sporting related event/program? \_\_\_\_\_

How many of the participants at the sporting related event/program are expected to be from another city or county? \_\_\_\_\_

Quantify how the sporting related event/program will substantially increase economic activity at lodging providers within the city or its vicinity?

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**g) Funding transportation systems for transporting tourists from hotels to and near the city to any of the following destinations: 1) the commercial center of the city; 2) a convention center in the city; 3) other hotels in or near the city; and 4) tourist attractions in or near the city.** Amount requested under this category: \$\_\_\_\_\_

**What sites or attractions will tourists be taken to by this transportation?**\_\_\_\_\_

**Will members of the general public (non-tourists) be riding on this transportation?** \_\_\_\_\_

**What percentage of the ridership will be local citizens?** \_\_\_\_\_

**h) Signage directing tourists to sights and attractions that are visited frequently by hotel guests in the municipality.** Amount requested under this category: \$\_\_\_\_\_

**What tourist attractions will be the subject of the signs?**

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**Questions for All Funding Request Categories:**

- 1. How many years have you held this Event/Program or Project: \_\_\_\_\_
- 2. Previous year’s number of persons expected attending this Event/Program or Project: \_\_\_\_\_
- 3. What is the number of total persons expected to attend this Event/Program or Project: \_\_\_\_\_
- 4. How many sleeping rooms in Port Aransas will be used by the expected attendees? \_\_\_\_\_
- 5. How many nights will they stay: \_\_\_\_\_
- 6. Will you reserve a room block for this event/program at an area hotel or lodging provider and if so, for how many rooms and at which lodging provider: \_\_\_\_\_
- 7. List other years (over the last three years) that you have hosted your Event/Program or Project with amount of assistance given from HOT and the number of lodging provider rooms used:

<b>Month/Year Held</b>	<b>Assistance Amount</b>	<b>Number of Rooms Used</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____

- 8. How will you measure the impact of your event/program on area lodging activity (e.g.; room block usage information, survey of lodging representative, Lodging Signatory List form, other)?  
\_\_\_\_\_  
\_\_\_\_\_

- 9. Please list other sponsors, organizations, government entities, and grants that have offered financial support to the project; including the Port Aransas Chamber of Commerce if applicable:

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10. Will event/program charge admission, parking, entry fees, etc.? Do you anticipate a net profit from event/program? If there is a net profit, what is the anticipated amount and how will it be used?

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11. Current Operating Budget for Proposed Event/Program or Project: \$ \_\_\_\_\_

12. Total advertising and promotion budget: \$ \_\_\_\_\_

13. What is your organization's direct contribution to the above? \$ \_\_\_\_\_

14. How will the funds be used? \_\_\_\_\_

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

Newspaper:	\$ _____
Radio:	\$ _____
TV:	\$ _____
Paid Advertising:	\$ _____
Press Release to Media	\$ _____
Newspaper	\$ _____
Direct Mailings	\$ _____
Distribution of Brochures	\$ _____
Other (describe)	\$ _____

Number of Press Releases to Media \_\_\_\_\_

Number Direct Mailings to out-of-town recipients \_\_\_\_\_

Other Promotions \_\_\_\_\_

16. Will you include a link to the Convention & Visitors Bureau (CVB) or other source on your promotional handouts and in your website for booking lodging nights during this event/program? \_\_\_\_\_

17. Will you negotiate a special rate or hotel/event package to attract overnight stays?

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18. What new marketing initiatives will you utilize to promote lodging providers and convention activity for this event/program? Please present a proposed marketing plan and copies of draft materials.

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19. What geographic areas does your advertising and promotion reach: \_\_\_\_\_

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

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21. How many individuals will your proposed marketing reach who are located in another city or county? \_\_\_\_\_

22. If the funding requested is related to a permanent facility (e.g. museum, visitor center):

Expected Attendance Monthly/Annually: \_\_\_\_\_

Percentage of those in attendance that are staying at area hotels/lodging facilities: \_\_\_\_\_%

23. Please provide a schedule of activities or events, and a timeline explaining project start and end:

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24. Did you include the City's budget form or have you created an itemized budget for submission showing how you plan to use the requested Hotel Occupancy Tax funds? \_\_\_\_\_

25. Do you intend on submitting the Post Event Report Form and budget? \_\_\_\_\_

26. Did you submit an executed Applicant Certification Form (found at back of HOT Grant Policy)? \_\_\_

**Applications are accepted March 1<sup>st</sup> – 31<sup>st</sup> of each fiscal year. Applications will not be accepted before March 1<sup>st</sup>, and applications will not be accepted after March 31<sup>st</sup> of each fiscal year (see HOTG Policy).**

Submit to the Office of the Assistant City Manager, Lawrence Cutrone, at:

[lcutrone@cityofportaransas.org](mailto:lcutrone@cityofportaransas.org) / (361) 749-4111 ext. 226 / 710 W. Avenue A, Port Aransas, TX 78373