

Application for Hotel Occupancy Tax (HOT) Funds – 2025

NOTE: Complete all blanks as applicable, including NA when the question does not pertain to you.

Organization Information

Date of Application: _____

Name of Organization: _____

Address: _____

City/State/Zip: _____

Contact Person: _____

Contact Phone:

Home: _____ Cell: _____ Work: _____

Email/Website: _____

Non-Profit: _____ Yes _____ No

Federal Tax ID Number:

Current Operating Budget for Proposed Event/Program/Project: \$ _____
(Attach Copy)

Current Annual Operating Budget for Applying Entity: \$ _____
(Attach copy)

Previous Year's Operating Budget for Applying Entity: \$ _____
(Attach copy)

Next Year's Projected Annual Operating budget for Applying Entity: \$ _____
(Attach copy)

Fiscal Year of Organization: _____ Date Established: _____

Proposal Information

1. Does your Event/ Project/Program pass **Part One** of the statutory test, defined specifically as **directly** enhancing and promoting tourism in Cooke County **AND directly** promoting the overnight accommodation industry in Cooke County by increasing overnight stays?
_____ Yes _____ No
2. Does your Event/Project/Program 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) Facilities that serve the purpose of attracting visitors and tourist to the county; (2) Registration of convention delegates; (3) Advertising and conducting solicitations/promotional programs to attract tourists and

convention delegates to the county; (4) Promotion of the arts; (5) Historical preservation projects or activities.

_____ Yes _____ No

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

Duration of Event/Project/Program: From: _____ To: _____

Amount Requested for Event/Project/Program: \$ _____

Date Payment Requested: _____

Primary Location of Event/Project/Program: _____

Other Sources of Funding for Event/Project/Program: _____

Check Which Categories Apply to Your Funding Request:

_____ Historic Preservation

_____ Promotion of the Arts

_____ Enhancement of Tourism

_____ Event/Program/Project

(Promoting Overnight Stays)

_____ Cost Associated with Facility

Previous year's number of attendees: Local: _____ Out of Town: _____

This year's projected number of attendees: Local: _____ Out of Town: _____

How many years have you received HOT funds: _____

How many years have you received HOT funds for this event/project/program: _____

List the year (up to three years), the amount of HOT funding received, and the purpose:

Year: _____ Amount: _____ For: _____

Year: _____ Amount: _____ For: _____

Year: _____ Amount: _____ For: _____

Purpose and Goal of your Organization and Who Benefits from Your Success:

Description or Name of Event/Project/Program:

List current board members, officers, administrative staff, and numbers of members and/or volunteers in organization (provide attachment if necessary):

Events/Programs (if applicable):

How many years have you held this event/program: _____

How many people attending this event/program will use Cooke County hotels, motels, or bed & breakfasts (estimate): _____

How many nights will they stay: _____

Do you reserve a room block for his event/program: _____Yes _____No

If so, how many rooms: _____

How do you measure the impact of your event/program on area overnight facilities:

Indicate all promotion efforts your organization is coordinating by placing the amount of funding in the blank committed to each media outlet:

\$ _____ Paid Advertisement \$ _____ Newspaper \$ _____ Radio
\$ _____ TV \$ _____ Press Releases to Media \$ _____ Direct Mailings
\$ _____ Distribution of Brochures \$ _____ Other (describe) _____

How do you intend to advertise or promote your event/project/program in another city or county:

Historic Preservation (if applicable):

Please describe how your historical restoration and preservation activities directly promote tourism and the overnight accommodations industry (add attachments if necessary):

Promotion of the Arts (if applicable):

Please describe how your activities related to this subject directly promote tourism and the overnight accommodations industry (add attachments if necessary):

Enhancement of Tourism (if applicable):

Please describe how your activities related to this subject directly promote tourism and the overnight accommodations industry (add attachments if necessary):

Signature Event or Activity Promoting Overnight Stays (if applicable):

Please describe how our activities related to this subject directly promote tourism and the overnight accommodations industry (add attachments if necessary):

Facility That Attracts Visitors or Tourist (if applicable):

Please describe how our activities related to this subject directly promote tourism and the overnight accommodations industry (add attachments if necessary):

Anticipated increase in number of visitors as a result of this funding: _____

Reason for increase (what will this funding help you accomplish: _____

Do you have an itemized budget on how you plan to use the requested Hotel Occupancy Tax?:

_____ Yes _____ No

If yes, please provide information as an attachment.

Do you have a marketing/advertising plan, including target audience?:

_____ Yes _____ No

If yes, please provide information as an attachment.

Do you have a profit/loss statement or expenditure budget for the event/project/program?

_____ Yes _____ No

If yes, please provide information as an attachment.

If you are applying under the request for advertising funds, will you be utilizing various advertising media to promote your event at least 50 miles outside of Cooke County?

_____ Yes _____ No

Is the event/project/program at least two days in length to encourage overnight stays?

_____ Yes _____ No _____ N/A

Your request for Cooke County Hotel Tax funds represents _____% of your total budget for your event/project/program.

Will there be an admission charge for this activity?: _____ Yes _____ No

If yes, what is the admission fee: \$ _____

Does the proposed event/project/program plan to become self-supporting in the future?:

_____ Yes _____ No

What type of tracking process do you use to determine and justify the number of overnight visitors you are attracting?

Answer the following questions only if the funding request is for or part of a permanent facility:

Name of event/project/program for which you are requesting funds. If your request is for multiple events/projects/ programs, please list each separately and funding requested for each.

_____	_____
_____	_____
_____	_____
_____	_____

Expected annual attendance: _____

An estimated percentage of the number of annual visitors that are staying in Cooke County overnight accommodations: _____%

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; that (2) I will abide by all relevant local, state, and federal laws/regulations regarding the use of Hotel Occupancy Tax.

Certified by: (signature) _____

Printed Name: _____

Title: _____ **Date:** _____