

APPLICATION FORM

ROOM TAX FUND

Submit application to: City of Reedsburg
134 S. Locust St.
P. O. Box 490
Reedsburg, WI 53959
(608) 524-6404 FAX (608)524-8458 cityhall@ci.reedsburg.wi.us

Please allow a minimum of 60 days for processing of application. A representative from the organization must be present at the Room Tax Commission meeting.

Name of applicant: _____

Organization: _____

Federal ID Number: _____ Phone No. _____ Fax No. _____

Tax Status of applicant (corporation, charity, governmental body, etc.) _____

Street Address: _____ Mailing Address: _____

City, State, Zip _____

DESCRIPTION OF THE PROJECT

Describe in detail the proposed project (attach additional sheets if necessary): _____

How will the project promote tourism in Reedsburg? _____

What market are you targeting and why? _____

How will you measure the effectiveness of this project? _____

How will this event as activity be advertised or promoted? _____

PROJECT BUDGET

Room Tax Fund Grant Amount Requested: \$_____. Please attach a copy of your proposed budget. Include all resources needed for this project including labor and indicate who will be responsible.

Will applicant receive any additional funds (grants, donations, entrance fees, etc)? If yes, please Explain how, when and where additional funds will be received.

Name and address of person responsible for accounting for the funds?

Please provide a timetable for this project including when you wish to receive funding:

Please indicate individual responsible for providing feedback (**Post Event Report**) regarding the effectiveness of this project - **even if it does not take place.**

Name: _____

Address: _____

Relationship to applicant: _____

In case the event is cancelled reimbursement of grant funds maybe required.

I declare that I have read the above application and that it is a true, correct and complete statement of the intended use of the requested funds.

Applicant's Name: _____

Signature: _____ Date: _____

Email address: _____

Date received by City Clerk: _____

Status: _____

POST EVENT REPORT

ROOM TAX FUND

Name of Event: _____

Organization: _____

Please include answers to the following questions on the report:

1. How many attendees?
2. How many overnight stays in Reedsburg?
3. Of these overnights stays, number of rooms and at which establishments.

(If report is not returned it may affect future grants)