

# 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](mailto: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): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

How will the project promote tourism in Reedsburg? \_\_\_\_\_

\_\_\_\_\_

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What market are you targeting and why? \_\_\_\_\_

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How will you measure the effectiveness of this project? \_\_\_\_\_

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How will this event as activity be advertised or promoted? \_\_\_\_\_

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**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.

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

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

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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)

Room Tax Rules as established by Room Tax Commission in August of 2021:

1. Split Room Tax projects into two categories, each with 15% of the room tax collection. One for strictly heads in beds events and one for other tourism activities.
2. Maximum grant amount up to \$5,000. Grants over \$5,000 can be granted with a unanimous approval of the Commission
3. Organizations are limited to being funded 3 out of 5 years. No continuous funding programs will be authorized, unless approved by the majority of the Commission
4. Grants over \$3,000 pay 50% before event and remainder after completion and post event report filed at the discretion of the Commission.
5. If the event is cancelled, reimbursement of grant is required within 30 days of the notice of cancellation.
6. Events must bring overnight stays at motels and Bed & Breakfast establishments or
  - a. Bring visitors into the City from out of the area
  - b. Be an event to benefit the community.
7. Events shall be listed as stand-alone events, regardless of if the Reedsburg Chamber of Commerce is representing or promoting the event.
8. File a post event report within 30 days after the event.