

TOWN LODGING TAX FUND UTILITY ASSISTANCE GRANT REQUEST (COVID)

Applicant Information

Hotel/Facility Name:

Name on Business License (if different):

Physical Address of Facility:

Mailing Address:

Person with Signing Authority:

Email:

Phone:

Contact Person (if different):

Email:

Phone:

Proposal Information

Title of Proposal: **UTILITY ASSISTANCE GRANT (COVID)**

Total # of Rooms in Facility:

Total Eligible Rooms:

Brief Description of Proposal: **ASSISTANCE WITH EXPENSES ON LODGING FACILITIES DURING MANDATORY COVID CLOSURE IN AN EFFORT TO MAINTAIN TOURIST ACCOMMODATIONS.**

Reason for Utility Assistance Request

Check all that apply:

- Funding for a critical and urgent need is unavailable Exceptionally valuable marketing opportunity is expiring
 Loss of an event or reduction in critical staff is imminent Participation in most recent annual LTAC cycle was not possible
 Other: **COVID**

Explain reason(s) listed above and why this request cannot wait until the next LTAC cycle:
UNFORESEEN NEED. IMMEDIATE ASSISTANCE REQUIRED MID-LTAC CYCLE.

What happens if you do not receive the requested funds? How will tourism be affected?
ONGOING FACILITY MAINTENANCE AND FUTURE AVAILABILITY OF TOURIST ACCOMMODATIONS MAY BE IMPACTED.

By signing this application, I attest that the following are true statements regarding this lodging establishment:

- We are collecting and paying 2020 lodging tax.
- In 2019, we were open for business and collected and paid lodging tax for six or more months.
- We are only claiming rooms that are legal transient accommodation units and available to rent on a daily basis.

I have read and understood the Lodging Tax Fund Utilities Assistance Grant Request Policy.

Signature: _____ Date: _____

Print Name and Title: _____

Submit completed form to the Town of Friday Harbor Administrator
60 Second Street, PO Box 219, Friday Harbor, WA 98250 (360)378-2810, ext 224 duncanw@fridayharbor.org
DEADLINE: FRIDAY, APRIL 17, 2020