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 (COVI	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 □ Loss of an event or reduction in critical staff is imminent □ 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