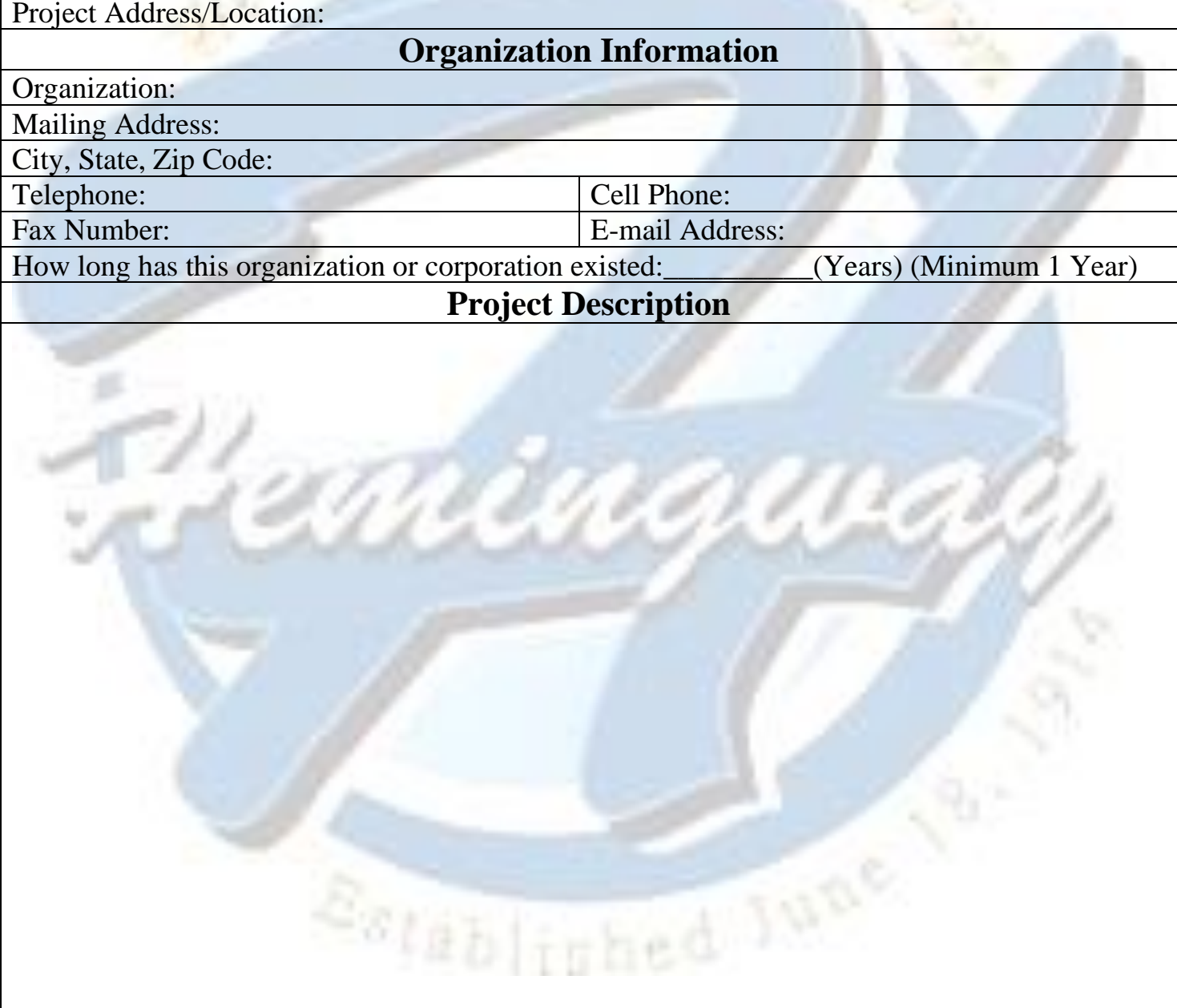


# Town of Hemingway Hospitality Tax Grant Application

<b>Project Information</b>	
Project Start Date:	Amount Requested: \$ <span style="float: right;">.00</span>
Project Completion Date:	Date Submitted:
Project Name:	
Project Address/Location:	
<b>Organization Information</b>	
Organization:	
Mailing Address:	
City, State, Zip Code:	
Telephone:	Cell Phone:
Fax Number:	E-mail Address:
How long has this organization or corporation existed: _____ (Years) (Minimum 1 Year)	
<b>Project Description</b>	
	

## Tourist Information

What is the estimated number of tourists to be attracted by this project? \_\_\_\_\_

Explain how the number of tourists will be calculated?

Explain how the requested dollars will increase tourism?

What is the anticipated financial impact on tourism-related businesses in the Town of Hemingway?

Explain how this impact was determined?

**Itemize Total Expected Project Cost**

Itemize Total Expenses Below	Dollar Amount
Total Cost of Project	

**Detail how the Town's Hospitality Tax Grant Request will be expended?**

Detail Expense Items	Dollar Amount
Amount Requested (must equal <i>Amount Requested</i> on first page of application)	

**List All Sources of Funds for the Proposed Project**

Source of Funds	Indicate Status of Funds (Proposed, Requested or Approved)	Dollar Amount
Total Budget		

**Statement of Assurances/Certification**

Upon grant application and funding award, applicant agrees that financial records, support documents, statistical records, and all other records pertinent to Hospitality Tax funding shall be retained for a period of three (3) years. All procurement transactions, regardless of whether negotiated or advertised shall be conducted in a manner that provided maximum competition. The grant recipient shall establish safeguards to prohibit employees from using their positions for a purpose that has the appearance of being motivated by a desire for private gain for themselves or others. All expenditures must have adequate documentation. All accounting records and supporting documentation shall be available for inspection by the Town of Hemingway upon request. No person, on the basis of race, color, or national origin should be excluded from participation in, be denied the benefit of, or be otherwise subjected to discrimination under the program or activity funded in whole or in part by Hospitality Tax funds. Employment made by or resulting from Hospitality Tax funding shall not discriminate against any employee or applicant on the basis of handicap, age, race, color, religion, sex, or national origin. None of the funds, materials, property, or services provided directly or indirectly under Hospitality Tax funding shall be used for any partisan political activity, or to further the election or defeat of any candidate for public office. The applicant hereby certifies that the information submitted as part of this application is accurate and reliable. Any change/and or variation must be reported immediately, otherwise funding may be withheld.

Applicants Signature:

Applicants Printed Name:

Date:

**Organization Contact Information**

Organization:

Contact Person:

Mailing Address:

City, State, Zip Code:

Telephone:

Cell Phone:

Fax Number:

E-mail address:

**For Town of Hemingway Use**