

## ROOM TAX FUNDING REQUEST GUIDELINES

1. As a Committee, our commitment will be to serve the City of Stevens Point. A priority will be given to projects/programs which will attract visitors to the community, along with serving the residents.
2. Funds are usually granted to non-profit organizations exempt from Federal Taxation under Section (3) of the Internal Revenue code or service/civic/organizations.
3. The Committee may provide challenge funds or matching funds at their discretion, in an attempt to stimulate increased response from other sources.
4. The Committee encourages projects/programs developed in consultation with other planning groups and those which promote coordination, cooperation, and sharing among organizations, which in turn may help eliminate duplication of projects/programs.
5. Funds may not be used to offset general operating or funding of an organization.
6. The Committee will operate without discrimination as to age, race, religion, gender, national origin or sexual orientation in the consideration of funding request and will award funding only to organizations which do not discriminate as to age, race, religion, gender, national origin or sexual orientation.
7. The Committee will review applications and will make a recommendation to the Park Commission, Finance Committee, and Common Council base on the quality of the application submitted.
8. The **deadline for funding requests is Dec. 1, 2017**. Actual funding will be awarded after the projects/programs have been rated, ranked and selected by the Committee. Funding of selected projects/programs will be as per outlined by the Committee and as funds become available.
9. **Eight (8) copies** of the complete application (including support materials) must be submitted to: Long Range Room Tax Committee, 2442 Sims Avenue, Stevens Point, WI 54481. *All submitted documents must be on paper no larger than 8½" X 11".*

**2018 ROOM TAX FUNDING PROPOSAL**

Proposal Name \_\_\_\_\_

Contact Person \_\_\_\_\_ Telephone # \_\_\_\_\_

Address \_\_\_\_\_

Email Address \_\_\_\_\_

Requested on Behalf of What Group \_\_\_\_\_

Please list Board members: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Tax Exempt Organization No \_\_\_\_\_ Yes \_\_\_\_\_ Exempt # \_\_\_\_\_

1. Purpose or mission of the organization/group/agency.

2. To what degree is the public interested in this project/program?  
Please supply evidence.

3. Explain how the proposed project/program will impact our community's ability to attract visitors/tourists.

4. Describe how the quality of life in our community will be enhanced by the completion of this project/program.

5. Estimate how many people and/or what market segments will be served by this project/program.

6. Will the proposed project/program generate revenue? Yes\_\_\_\_\_ No\_\_\_\_\_  
If the revenue is to be generated, estimate the amount and explain who you see as the recipient of this revenue.

7. Will this project/program have on-going maintenance or staffing needs, and if so, who do you see as responsible for these expenditures?
8. How does your project/program differ from similar projects/programs offered in this area? (Respond "DNA" if there are no other similar in this area)
9. Have you approached other sources for support? Yes\_\_\_\_\_ No\_\_\_\_\_. If yes, who and the amount received or amount applied for.

**BUDGET INFORMATION**

Project Name \_\_\_\_\_

Contact Person \_\_\_\_\_ Telephone # \_\_\_\_\_

Address \_\_\_\_\_

Email Address \_\_\_\_\_

Capital Expenditures Necessary \_\_\_\_\_

Breakdown  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Services and Supplies \_\_\_\_\_

Breakdown  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Personnel for Project Development \_\_\_\_\_

Breakdown  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Total Expenditures Necessary for Project/Program \_\_\_\_\_

Other Revenue (matching funds, grants, private fundraisers,  
or other sources) \_\_\_\_\_

AMOUNT REQUESTED \_\_\_\_\_

Would this project/program be developed incrementally? If the project would have incremental needs, please breakdown your request by year.

Need all support at once

Need incremental support

2018 \_\_\_\_\_

2019 \_\_\_\_\_

2020 \_\_\_\_\_

2021 \_\_\_\_\_

2022 \_\_\_\_\_

Please include other information, renderings or materials you believe will help the evaluating committee better understand your request.

**PLEASE RETURN EIGHT COPIES OF YOUR COMPLETED REQUEST ALONG WITH ATTACHMENTS  
TO THE STEVENS POINT PARKS AND RECREATION DEPARTMENT, 2442 SIMS AVE., STEVENS  
POINT, WI 54481  
BEFORE DECEMBER 1, 2017**

THANK YOU FOR YOUR INTEREST IN THE STEVENS POINT AREA AND ITS PEOPLE