

County of Lincoln

P.O. Box 711 • 300 Central Ave. • Carrizozo, New Mexico 88301-0711 • (575) 648-2385

www.lincolncountynm.net

April 16, 2015

Lodger's Tax Funds Applicants:

Please be advised of the following suggestions as you complete the attached form.

PROCESS

Lincoln County Lodger's Tax Committee (LCLTC) is the first point of contact for your application process. After completing the attached form and submitting it to the County, the LCLTC will review your paperwork.

After their review, a decision will be rendered by the LCLTC to either proceed with your request or deny it. If proceeding, your request and background documentation will be submitted with the LCLTC's recommendation to the Lincoln County Board of Commissioners for their next regularly scheduled meeting. Commissioners will determine to accept and approve the LCLTC's recommendation or deny the request.

You will be informed as to the decision of the Commissioners after the meeting.

ATTENDANCE

Entities who are requesting Lodger's Tax funds may attend both the LCLTC meetings and the Lincoln County Board of Commission meetings. Both meetings are scheduled in advance and are Open Meetings. Entities who wish to have representation at these meetings may or may not be given an opportunity to speak, however it is advantageous to have a person available to answer questions regarding requests, if questions are asked.

PAPERWORK

The attached form must be completed prior to presenting your request to the LCLTC. It is IMPERATIVE that entities who wish to request Lodger's Tax funds keep the following in mind.

- a. Each item on the attached form is necessary to complete. Should you determine a letter of explanation is necessary or advantageous, please indicate SEE ATTACHED on the items you explain in your attached letter. Please read each line and ensure the question has been completely answered should you elect to attach a letter of explanation. Please do not leave any item blank. BLANK SLOTS are not favorably noted.
- b. As you determine your needs, please complete all applicable lines regarding the intended use of funds once received. The section labeled: FUNDS WILL BE USED FOR: gives both the LCLTC and the Board of Commissioners a better sense of your organization, your intentions and your purpose. Leaving these lines blank could impede or bring the process of funding your entity to a halt.

ENCL 1

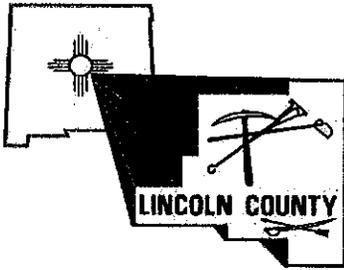
- c. Feel free to attach previous brochures, newsletters or information you feel will give the LCLTC and the Board of Commissioners a better idea of your purpose. PLEASE do not assume that by attaching additional documents the form does not need to be completed.
- d. Keep in mind that Lodger's Tax funds are available for the purpose of attracting tourists to Lincoln County with the objective of creating paying guests who will utilize county lodging, restaurants, shops and entertainment. Be prepared to show where advertising dollars will be spent, who is targeted to attend and how far-reaching your group's advertising will encompass. Please complete the attached form with this fact in mind.
- e. Documentation which tracks previous events and attendance/outcome of the event is extremely helpful for both the LCLTC and the Board of Commissioners to view. Consider making Tracking Documentation a standard of your event. If no such documentation currently exists, it is advantageous to plan to include records to reflect this aspect. If you have been granted Lodger's Tax funds in the past, please show documentation as to how received funds were expended.

QUESTIONS

Should you have any questions about completing the attached form or documentation you may wish to include prior to your presentation to the LCLTC, please do not hesitate to contact Billie-Jo Guevara, Administrative Assistant/Human Resources Director at 575-648-2385x100.

Sincerely,

Lincoln County Lodger's Tax Committee



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LODGER'S TAX REQUEST FORM

Name of Event: _____ Date(s) of Event: _____

Name of Organization(s) applying for Funding: _____

Amount requested for consideration: _____

The following list of items will be considered as the Board of County Commissioners and the Lodger's Tax Committee reviews your request for funding. If any space is left blank, please provide reasoning.

Describe Event:

Have Lincoln County Lodger's Tax funds been requested for this event before? Please circle one: yes no

If yes:

How many years has Lincoln County Lodger's Tax funds been used for the Event listed below? _____

List past years' requested funding amount(s):

Year: _____ Amount requested: _____ Amount funded: _____

Year: _____ Amount requested: _____ Amount funded: _____

Year: _____ Amount requested: _____ Amount funded: _____

What is the estimated total cost of the Event listed above for this year? _____

What percentage of the cost of the Event listed above are you requesting from the County? _____

How will the Event track guests who attend to determine how many out-of-town guests utilized County lodging as a result of the Event? _____

Are there any in-kind or matching funds anticipated for the Event? _____

If funding is granted by the Board of County Commissioners, please list dollar amounts of how funds are anticipated to be used in advertising:

Newspaper advertising:	Radio:
Magazines:	Internet:
Printing:	Other:

What percentage of your budget is planned to be used for out-of-County advertising? _____

What sources and what amount of funding have been requested elsewhere?

Please feel free to add additional pages for consideration, and samples of past advertising or brochures.

STATEMENT OF UNDERSTANDING

I understand that I am requesting public funds and they are to be administered according to State Law and County Ordinances, and I agree to submit a follow-up report with a financial statement within ninety (90) days following the event or I may forfeit the funds. I understand that funding recommended for approval by the Lincoln County Lodger's Tax Committee must be approved by the Lincoln County Board of County Commissioners. I also understand that approved funding amounts may differ from the amount requested on this application.

Name of Applicant (Please Print):	
Signature of Applicant:	
Address: Street/City/Zip:	
Phone:	Email:
Date submitted:	

Please supply a list of attached documents, and include previous years' Event budgets:

FOR COUNTY USE:
Date received:
Received by:
Added to Lodger's Tax Committee Agenda scheduled for: