FIFE
WASHINGTON

Request for Proposal: Activities to increase Tourism in Fife

1. Name and Address of Applicant (Organization)

Name of Organization: Children's Dance Theater

Address: 122 W Main ST Auburn WA 98001

Form of Organization: Event/Festival Organizer

Website Address: www.auburnchildrensdancetheater.com

Agency Tax ID#: 83-04719

UBI#: 602693887

2. Contact Person:

Name: Stephanie Cox

Phone: 253-217-2652

Fax:

E-mail: stephanie@auburnchildrensdancetheater.com

3. Proposed Funding:

Can you operate this project with reduced funding? ☐No ☑Yes

2017 Funding:

Priority 1 - full funding $ 7000

Priority 2 - partial funding (no less than) $ 5000

Optional: 2018 Funding:

Priority 1 - full funding $ 7000

Priority 2 - partial funding (no less than) $ 5000

Will there be an admission charge for this activity? ☐No ☑Yes If yes, how much $ $13 Pre-sale

4.Activity Information:

1. Please describe the activity or organization. (For festivals or events, include the name, dates of operation, and expected number of participants. For facility operations, include the expected number of visitors.)

Children's Dance Theater presents the holiday classic "The Nutcracker." Our students will use their training in classical ballet to bring this sotry to life, along with our beautiful sets, props and costumes. WE'd like to use the Fife Performing Arts Center for load in, rehearsals and performance either the 2nd or 3rd week of December. We have traditionally used the 3rd week of December for our performance however with the proximity of Chirstmas and the finals week of many of our high school performers we'd love to change to the 2nd week of December. We will continue to work with the Fife School District to see if that coordinates with their scheudle. Last year we had 93 peformers, 100 volunteers and close to 1000 audience members. I'd say 80% of these audience member are not residents of Fife.

2. Please provide estimates of how the proposed use of lodging tax revenue will result in increases in the number of people traveling for business or pleasure on a trip:

a. Away from their place of residence or business and staying overnight in paid accommodations:

10-15 grand parents

b. To a place fifty miles or more one way from their place of residence or business for the day or staying overnight:

about 100 participants and Volunteers will travel to fife per day.

c. From another country or state outside of their place of residence or their business:

I estimate 5-10 grandparents may come from out of state

3. Coordination & Collaboration: Please provide information about any other organizations or agencies involved in this project/ activity and how this project directly contributes to the Fife LTAC Marketing & Economic Development Plan.

Many of our dancers and their extend families will need to use local buisnesses and resturants during the week. Many families and friends will want to dine at resturants before and/or after the performances. CDT would be happy to sell low cost advertising opportunities in our show program. We are als very interested in hosting a select group of school children to our dress rehearsal again.

Budget 2017

INCOME:

If you are anticipating receiving partial funding for this activity from another source, please list the source, approximate amount, and the status of funding.

Amount	Source	Confirmed? Yes/No		Date Available
4000	Ticket sales	☑ Yes	☐ No	Novemer 1st
4000	participation fees	☑ Yes	☐ No	Sept-December
400	Advertising	☑ Yes	☐ No	Space available Oct 1
		☐ Yes	☐ No	
		☐ Yes	☐ No	
		☐ Yes	☐ No	

Total Income: 8400

What percentage of your project does your request for City funds represent? 32 %

Expense:

ACTIVITY	CITY OF FIFE FUNDS	OTHER FUNDS	TOTAL
Personnel (salaries & benefits)		7000	7,000
Administration (office expense)		3000	3,000
Marketing/promotion		750	750
Direct Sales Activities		400	400
Minor Equipment		1000	1000
Travel		300	300
Contract Services (specify below)		1000	1000
Other activities (specify below)			
TOTAL COSTS:		$13,050.	13,050.00

Optional Budget 2018

INCOME:

If you are anticipating receiving partial funding for this activity from another source, please list the source, approximate amount, and the status of funding.

Amount	Source	Confirmed? Yes/No		Date Available
4000	Ticket Sales	☑ Yes	☐ No	November 1st
4000	Participation fees	☑ Yes	☐ No	Sept-December
400	Advertising	☑ Yes	☐ No	
		☐ Yes	☐ No	
		☐ Yes	☐ No	
		☐ Yes	☐ No	

Total Income: 8400

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Travel		300	300
Contract Services (specify below)		1000	1000
Other activities (specify below)			
TOTAL COSTS:		$13,050.00	13,050

The applicant hereby certifies and affirms: 1. That it does not now, nor will it during the performance of any contract arising from this application, unlawfully discriminate against any employee, applicant for employment, client, customer, or other person who might benefit from said contract, by reason of age, race, color, ethnicity, sex, religion, creed, place of birth, or degree of handicap: 2. That it will abide by all relevant local, state and federal laws and regulations and 3.That it has read the information contained in pages 1,2 and 3 and understands and will comply with all provisions thereof.

Certified By: (signature): Stephanie Cox

(Print or type name): Stephanie Cox

Title: Owner

Date: May 2, 2016