Request for Proposal: Activities to increase Tourism in Fife

1. Name and Address of Applicant (Organization)

Name of Organization: _____ Address: _____

Form of Organization: _____ Website Address: _____

Agency Tax ID#: _____ UBI#: _____

2. Contact Person:

Name: _____ Phone: _____

Fax: _____ E-mail: _____

3. Proposed Funding:

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

2017 Funding:

Priority 1 - full funding $ _____ Priority 2 - partial funding (no less than) $ _____

Optional: 2018 Funding:

Priority 1 - full funding $ _____ Priority 2 - partial funding (no less than) $ _____

Will there be an admission charge for this activity? ☐No ☐Yes If yes, how much $_____

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.)

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:

_____

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

_____

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

_____

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.

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
_____	_____	☐Yes	☐No	_____
_____	_____	☐Yes	☐No	_____
_____	_____	☐Yes	☐No	_____
_____	_____	☐Yes	☐No	_____
_____	_____	☐Yes	☐No	_____
_____	_____	☐Yes	☐No	_____

Total Income: _____

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

Expense:

ACTIVITY	CITY OF FIFE FUNDS	OTHER FUNDS	TOTAL
Personnel (salaries & benefits)	_____	_____	_____
Administration (office expense)	_____	_____	_____
Marketing/promotion	_____	_____	_____
Direct Sales Activities	_____	_____	_____
Minor Equipment	_____	_____	_____
Travel	_____	_____	_____
Contract Services (specify below)	_____	_____	_____
Other activities (specify below)	_____	_____	_____
TOTAL COSTS:	_____	_____	_____

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
_____	_____	☐Yes	☐No	_____
_____	_____	☐Yes	☐No	_____
_____	_____	☐Yes	☐No	_____
_____	_____	☐Yes	☐No	_____
_____	_____	☐Yes	☐No	_____
_____	_____	☐Yes	☐No	_____

Total Income: _____

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

Expense:

ACTIVITY	CITY OF FIFE FUNDS	OTHER FUNDS	TOTAL
Personnel (salaries & benefits)	_____	_____	_____
Administration (office expense)	_____	_____	_____
Marketing/promotion	_____	_____	_____
Direct Sales Activities	_____	_____	_____
Minor Equipment	_____	_____	_____
Travel	_____	_____	_____
Contract Services (specify below)	_____	_____	_____
Other activities (specify below)	_____	_____	_____
TOTAL COSTS:	_____	_____	_____

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): _____

(Print or type name): _____

Title: _____

Date: _____