



City of Hoquiam

Lodging Tax Application Form

Organization Name		
Organization Mailing Address		
Organization Phone		
Organization Fax		
Web Address		
Chief Executive's Name		
email Address		
Grant Application Contact Name		
Contact Phone		
Contact email		
Project/Activity		
Amount Requested	\$	
Project Description		
Major Goals, Objectives, and Methods for Implementing Project		
Partner Agencies/Collaboration With Other Organizations		
Desired Impact of Project on Tourism		
Define How Project Success and Effectiveness Will Be Evaluated		

Please attach:

501(c)(3) designation (if applicable)

Project budget detail