



# Northampton County

## 2019 Hotel Tax Funding Request

### Section 1: General Information

#### Applicant

Name of Organization	
Chief Official's Name & Title	
Street Address	
City, State ZIP Code	
Phone Number	
Fax Number	
E-Mail Address	
Federal ID #	
DUNS #	
Type of Organization	

#### Grant Administrator (if different from above)

Contact Person(s) & Title(s)	
Street Address	
City, State ZIP Code	
Phone Number(s)	
Fax Number(s)	
E-Mail Address(s)	

#### Engineer/Architect (if applicable)

Engineer Company	
Engineer Contact	
Street Address	
City, State ZIP Code	
Phone Number	
Fax Number	
E-Mail Address	

## Section 2: Project Selection Criteria

### Project Information

Project Title			
Primary Project Purpose (Choose only one)	Rehabilitation Planning Economic Development Expansion of Public Services	Essential Services Construction	Operations Streetscape Tourism Blight Removal

### Project Timeframe

Proposed Start Date		Proposed Completion Date	
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### Project Location (if different from above)

Site Address	
City, State ZIP Code	

### Construction/Renovation Projects

List all required permits and zoning variances. Please include current status.		
Has a contract for any vendor service already been bid and/or executed (general contractors, architects, engineers, etc.)?	Yes	No
If Yes, was the contract bid competitively?	Yes	No
Additional Comments:		

**Project Description**

Expected Accomplishment(s). Enter "N/A" for any that do not apply.

# of Persons/Visitors Served		# of Households Served	
# of Units Constructed/ Reconstructed/Demolished		# of New Jobs Created	
# of Jobs Retained		# of Events	
Other:			
System of measurement to be used to track visitors			

**Project Objective(s)**

	Expanded economic opportunities
	Increases tourism in Northampton County
	Improves public health and/or wellness
	Other:

**Project Narrative**

A Project Narrative is required as part of the application. The Project Narrative must be typed, on a separate page (limit 3 pages) and must contain the following:

Concisely describe the need for the project and what activities will be undertaken through this funding to address this need. An explanation on how the project/activity will increase tourism and/or quality of life in/within the County of Northampton. Highlight any partnerships and/or innovative elements of the project. Please provide a projected schedule and detailed timeline for the project. Include methodology to be used to track participants.

**Project Funding Information**

Will the agency accept an award in an amount less than the requested amount for this project?	Yes	No
Will the award for this project generate income or revenue?	Yes	No
If Yes, how will the revenue be used?		

**Project Budget**

Provide detail on how the funds for this project will be used. A line item must be provided for each type of expense within category. Enter whole amounts without decimals and dollar signs.

Category	Detail	Amount Requested	Matching Funds	Match Source	TOTAL
<b>Employee Wages/Benefits</b>					
<b>Operating Expenses</b>					
<b>Supplies &amp; Equipment</b>					
<b>Acquisition Costs</b>					
<b>Development Costs</b>					
<b>Consultants/ Contracts</b>					
<b>Other</b>					
<b>TOTAL</b>					

**Additional Requirement**

Please submit along with application: 1) latest audited financial statements or latest year-end financial statement; 2) W-9; 3) IRS status letter; if applicable 4) matching funds proof of award (letter/email). All documentation shall be submitted via the NCD CED CRM program.

**Applications will only be accepted electronically.**

**Deadline for application submission is Friday, June 15, 2018 at 4:00 p.m.**

**Section 3: Certification & Official Authorization**

I hereby certify that all parts of this application submission are accurate to the best of my knowledge. I am also certifying that:

- ✓ I understand that this submission is a proposal and not a formal funding application. Submission indicates a willingness of the municipality or organization to apply for available funds administered by Northampton County's Department of Community and Economic Development (NCD CED). I will contact NCD CED to withdraw this Funding Request if the proposed project is no longer viable without substantive change to the proposal or if the municipality or organization no longer intends to execute the project as described in this submission.
- ✓ The proposed project will not result in permanent involuntary displacement of any family, individual, business, non-profit organization or farm, or any of their personal property.
- ✓ I understand that by submitting this request that the organization agrees to reimburse the County of Northampton for any expenditures paid that are found to be ineligible under program guidelines.
- ✓ I am authorized by the municipality or organization identified within to submit their Request.

Printed Name		Title	
Signature		Date	

**\*\*\*Northampton County reserves the right to accept or reject any and all applications submitted contingent upon available funding and respective applicant and project eligibility. Thank you for completing this application form and for your interest in the Northampton County Hotel Tax Program.**