



# Northampton County 2020 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<br>(Choose only one) | Rehabilitation <input type="checkbox"/> Essential Services <input type="checkbox"/> Operations <input type="checkbox"/><br>Planning <input type="checkbox"/> Construction <input type="checkbox"/> Streetscape <input type="checkbox"/><br>Economic Development <input type="checkbox"/> Tourism <input type="checkbox"/><br>Expansion of Public Services <input type="checkbox"/> Blight Removal <input type="checkbox"/> |

### Project Timeframe

|                     |  |                          |  |
|---------------------|--|--------------------------|--|
| Proposed Start Date |  | Proposed Completion Date |  |
|---------------------|--|--------------------------|--|

### 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/<br>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 quality of life in/within the County of Northampton. Highlight any partnerships and/or innovative elements of the project. 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 <input type="checkbox"/> | No <input type="checkbox"/> |  |
| Will the award for this project generate income or revenue?                                   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |  |
| 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 in increments of 100ths without decimals and dollar signs.

| Category                        | Detail | Amount Requested | Matching Funds | Match Source | TOTAL |
|---------------------------------|--------|------------------|----------------|--------------|-------|
| <b>Supplies &amp; Equipment</b> |        |                  |                |              |       |
|                                 |        |                  |                |              |       |
|                                 |        |                  |                |              |       |
|                                 |        |                  |                |              |       |
|                                 |        |                  |                |              |       |
| <b>Acquisition Costs</b>        |        |                  |                |              |       |
|                                 |        |                  |                |              |       |
|                                 |        |                  |                |              |       |
|                                 |        |                  |                |              |       |
|                                 |        |                  |                |              |       |
| <b>Development Costs</b>        |        |                  |                |              |       |
|                                 |        |                  |                |              |       |
|                                 |        |                  |                |              |       |
|                                 |        |                  |                |              |       |
|                                 |        |                  |                |              |       |
| <b>Consultants/ Contractors</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 :

**Applications and supplemental documentation will only be accepted electronically through the NCDCED CRM system.**

**Deadline for application submission is 4:00 p.m., Friday, June 14, 2019.**

**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 (NCDCED). I will contact NCDCED 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.