



APPLICATION REQUEST FOR HOT FUNDING
FY 2019 - 2020

Which Category or Categories Apply to Funding Request, and Amount Requested Under Each Category:

- a) Convention Center or Visitor Information Center: construction, improvement, equipping, repairing, operation, and maintenance of convention center facilities or visitor information centers, or both. Amount requested under this category: \$
b) Registration of Convention Delegates: furnishing of facilities, personnel, and materials for the registration of convention delegates or registrants. Amount requested under this category: \$
c) Advertising, Solicitations, Promotional programs to attract tourists and convention delegates or registrants to the municipality or its vicinity. Amount requested under this category: \$
d) Promotion of the Arts that Directly Enhance Tourism and the Hotel & Convention Industry: the encouragement, promotion, improvement, and application of the arts that can be shown to have some direct impact on tourism and the hotel/convention industry. The impact may be that the art facility or event can show hotel nights that are booked due to their events or that guests at hotels attend the arts event. Eligible forms of art include instrumental and vocal music, dance, drama, folk art, creative writing, architecture, design and allied fields, painting, sculpture photography, graphic and craft arts, motion picture, radio, television, tape and sound recording, and other arts related to the presentation, performance, execution, and exhibition of these major art forms : \$
e) Historical restoration and preservation projects or activities or advertising and conducting solicitation and promotional programs to encourage tourists and convention delegates to visit preserved historic sites or museums. Amount requested under this category: \$
f) Expenses including promotional expenses, directly related to a sporting event in which the majority of participants are tourists. The event must substantially increase economic activity at hotels within the city or its vicinity. Amount requested under this category: \$

How many individuals are expected to participate in the sporting related event? \_\_\_\_\_

How many of the participants at the sporting related event are expected to be from another city or county? \_\_\_\_\_

Quantify how the sporting related event will substantially increase economic activity at hotels within the city or its vicinity? \_\_\_\_\_

**APPLICATION REQUEST FOR HOT FUNDING  
FY 2019 - 2020**

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- g) Funding transportation systems for transporting tourists from hotels to and near the city to any of the following destinations: 1) the commercial center of the city; 2) a convention center in the city; 3) other hotels in or near the city; and 4) tourist attractions in or near the city.**

Amount requested under this category: \$ \_\_\_\_\_

What sites or attractions will tourists be taken to by this transportation? \_\_\_\_\_

Will members of the general public (non-tourists) be riding on this transportation? \_\_\_\_\_

What percentage of the ridership will be local citizens? \_\_\_\_\_

- h) Signage directing tourists to sights and attractions that are visited frequently by hotel guests in the municipality.** Amount requested under this category: \$ \_\_\_\_\_

What tourist attractions will be the subject of the signs? \_\_\_\_\_

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\_\_\_\_\_



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FY 2019 – 2020**

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Date of application \_\_\_\_\_

Event name \_\_\_\_\_

Event date(s) and day(s) \_\_\_\_\_

Event location(s) \_\_\_\_\_

Times open to the public \_\_\_\_\_

Reason for event \_\_\_\_\_

Website address for Event or Sponsorship \_\_\_\_\_

Name of event organization \_\_\_\_\_

Address of event organization \_\_\_\_\_

Non-Profit Organization \_\_\_\_\_ Yes \_\_\_\_\_ No

Tax ID # \_\_\_\_\_ Organization's Creation Date \_\_\_\_\_

Event Coordinator Contact Name & Mailing Address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Alternate Contact \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Will your event be within the city limits of Bastrop? \_\_\_\_\_ Yes \_\_\_\_\_ No

If not, why? \_\_\_\_\_

\_\_\_\_\_

Will any City of Bastrop resources be required? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, have you completed the Special Event Permit Application? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, date completed \_\_\_\_\_

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FY 2019 - 2020**

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Amount of Hotel Occupancy Tax (HOT) funds requested \_\_\_\_\_

Number of local hotel rooms anticipated for this event \_\_\_\_\_

*It is required* that you will include a link to Visit Bastrop on your promotional handouts and in your website for booking hotel nights during this event. Please initial to acknowledge \_\_\_\_\_

***Hotel rooms must be secured through Visit Bastrop in order to receive HOT funding's. (Room blocks made by the organizer will jeopardize funding)***  
***Please contact Kathryn Whites Lang at [kathryn@visitbastrop.com](mailto:kathryn@visitbastrop.com). Event coordinator is responsible for checking conflicting event dates and hotel availability prior to submitting application.***

***Detailed*** description of event

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Describe ***specifically*** how the funds will be used

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Detailed plan of how room nights *will be tracked* \_\_\_\_\_

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*Please use additional paper as necessary*

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Is this a first-time event? \_\_\_\_\_ Yes \_\_\_\_\_ No

If no, please list past years' successes and locations. \_\_\_\_\_

\_\_\_\_\_

Are you considering an alternative location to the City of Bastrop? If yes, where? \_\_\_\_\_

\_\_\_\_\_

How will you measure the return on investment of the requested amount of HOT Funds for your event?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you have other sponsors? \_\_\_\_\_ Yes \_\_\_\_\_ No If Yes, please list their **names**.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What is the estimated number of attendees? \_\_\_\_\_

Geographical reach of attendees (check one)

- Primarily local attendees \_\_\_\_\_
- Primarily out-of-town attendees \_\_\_\_\_
- Balanced \_\_\_\_\_

How many day visitors (not requiring lodging) do you expect? \_\_\_\_\_

Do you have any attendees that will utilize air travel to attend? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, what percent of your attendees will be utilizing air travel? \_\_\_\_\_

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FY 2019 - 2020**

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What is your plan to market and promote the event or project and attract visitors to Bastrop, outside of the use of the HOT funds? (i.e. social media, other advertising)

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What new marketing initiatives will you utilize to promote hotel and convention activity for this event?

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What geographic areas does your advertising and promotion reach? \_\_\_\_\_

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*It is required* that you will include the approved Visit Bastrop logo on your promotional handouts and in your website as a sponsor for this event. Please initial to acknowledge \_\_\_\_\_  
(Failure to do so will jeopardize funding).

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**For event that will have live music**

Residence of Artists (check one)

- Primarily local performers/artists \_\_\_\_\_
- Primarily out-of-town performers/artists \_\_\_\_\_
- Balanced \_\_\_\_\_

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FY 2019-2020**

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**PROPOSED BUDGET OUTLINE**

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**EXPENSES**

Space Rental \_\_\_\_\_  
Food & Beverage \_\_\_\_\_  
Audio / Visual \_\_\_\_\_  
Internet \_\_\_\_\_  
Security \_\_\_\_\_  
Staff Costs \_\_\_\_\_  
Entertainment \_\_\_\_\_  
Lodging \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Total Anticipated Expenses** \_\_\_\_\_

**Advertising**

Newspaper \_\_\_\_\_  
Radio \_\_\_\_\_  
TV \_\_\_\_\_  
Other Paid Advertising \_\_\_\_\_  
Social Media Costs \_\_\_\_\_  
Direct Mailings \_\_\_\_\_  
Press Releases/ Media Alerts \_\_\_\_\_

**Total Advertising/Promotion  
Anticipated Costs** \_\_\_\_\_

**Notes:**

**OTHER EXPENSES NOT LISTED ABOVE:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REVENUES**

Cash Incentives or Donations \_\_\_\_\_  
In Kind Services \_\_\_\_\_ (total \$ amount anticipated)  
Visit Bastrop Funding \_\_\_\_\_  
Ticket Sales \_\_\_\_\_ (total \$ anticipated)  
Other Revenues \_\_\_\_\_

**Total Revenues Anticipated** \_\_\_\_\_

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FY 2019 - 2020**

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\_\_\_\_\_  
**Signature HOT Fund Recipient**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Printed Name HOT Fund Recipient**

\_\_\_\_\_  
**Date**

***For Internal Use:***

|   |       |
|---|-------|
| Application Received:                                 | _____ |
| Application Approved:                                 | _____ |
| Award Letter sent certified<br>with Post Report form: | _____ |
| Award Email sent:                                     | _____ |
| Post Report Due:                                      | _____ |
| Post Report Received:                                 | _____ |
| Funds Distributed:                                    | _____ |
| Balance Due if applicable:                            | _____ |