



APPLICATION
FOR
TOWN OF EATONVILLE
LODGING TAX FUNDS

Town of Eatonville
PO Box 309
201 Center St W
Eatonville, WA 98328
PHONE: 360-832-3361
FAX: 360-832-3977
townclerk@eatonville-wa.gov

ORGANIZATION/AGENCY INFORMATION

Eatonville Community Float

Organization/Agency

0

Federal Tax ID Number

Sarah Cole

Contact Name

Committee chair

Title

31709 94TH Ave E

Mailing Address

Eatonville

City

WA

State

98328

Zip

253.279.2051

Phone

Fax

bradandsarah5@yahoo.com

Email Address

☐ Tourism Promotion Activities

☐ Tourism-Related Facility

☒ Events/Festivals: Daffodil Festival Parade, Puyallup (WW Fairgrounds)

Name of Event/Festival

2021 Festival will be held during

Location

Date

Spring Fair

☐ Non-profit (Attach copy of current non-profit corporate registration with Washington Secretary of State)

☐ Public Agency

Amount Requested: \$ 500-

CERTIFICATION

I hereby state on behalf of Eatonville Community Float that:
Organization/Agency Name

Tourism Promotion Activities or Tourism-Related Facilities:

☐ This is an application for a contract with the Town of Eatonville and, if awarded, my organization/agency intends to enter into a Municipal Services Contract with the Town of Eatonville.

Events/Festivals:

☒ The applicant has, or can obtain, general liability insurance in an amount commensurate with the exposure of the event/festival.

☒ I understand the Town of Eatonville will only reimburse those costs actually incurred by my organization/agency and only after the service is rendered, paid for if provided by a third party, and a signed Request for Reimbursement form has been submitted to the Town, including copies of invoices and payment documentation.

Sarah Cole
SIGNATURE

Sarah Cole
PRINTED NAME

3/16/21
DATE

SUPPLEMENTAL QUESTIONS

DESCRIPTION OF TOURISM-RELATED ACTIVITIES OR EVENT:

2021 Eatonville Community Float to be displayed during W. WA Spring Fair (April 2021)

1. PROVIDE AN ESTIMATE OF THE NUMBER OF PARTICIPANTS WHO WILL ATTEND THE EVENT/ACTIVITY IN EACH OF THE FOLLOWING CATEGORIES:

- Stay overnight in paid accommodations away from their place of residence or business:
- Stay overnight in unpaid accommodations (with friends or family) and travel 50 miles or more one way from their place of residence or business:
- Stay for the day only and travel more than 50 miles or more one way from their place of residence or business:
- Attend but are not included in one of the categories above:
- Estimated number of participants in any of the above categories that attend from out-of-state (includes other countries):

I can not locate this info

285

18,000 (TOTAL, 2 weeks)

95

HOW WILL THE FUNDS RECEIVED INCREASE THE NUMBER OF PEOPLE TRAVELING FOR BUSINESS OR PLEASURE ON A TRIP:

Collectively, if no group or community participated in the Daffodil Festival, this would eliminate all travel for the parade. So helping to fund the float ensures that this tradition can continue & provide increased awareness for Eatonville.

2. HOW DO SERVICES PROMOTE AND ENHANCE TOURISM FOR Eatonville:

- Describe the tourism promotion impact on the economy of the Town of Eatonville, specifically lodging, food service sectors, and community facilities.
- Provide copies of proposed promotional material.

Our float will showcase the Eatonville Community which will draw visitors

3. DESCRIBE HOW YOU WILL ENCOURAGE SUPPORT OF EATONVILLE BUSINESSES, RESTAURANTS, AND RETAIL:

This year's parade will be stationary so will not likely have participants on the float as in the past (which featured local community members, business & group leaders).

4. IDENTIFY IF THE MILL VILLAGE MOTEL WILL BE A HOST HOTEL FOR THE EVENT: Yes ___ No ☒

5. WHAT IS TARGET AGE GROUP(S): all ages

6. DESCRIBE COMMUNITY APPEAL AND/ OR SUPPORT:

The Daffodil Festival, Float & Princess selection is a wonderful community builder for our town.

7. DO YOU RELY SOLELY ON LTAC FUNDS FROM THE Town of Eatonville: YES ___ NO ☒

- Provide an itemized list identifying each type of expenditure to be reimbursed

8. IDENTIFY YOUR TOP 5 SOURCES OF REVENUE:

1. <u>Lodging Tax funds</u>	\$ <u>500</u>
2. <u>Eatonville High School ASB</u>	\$ <u>250</u>
3. <u>Private donations</u>	\$ <u>250</u>
4. _____	\$ _____
5. _____	\$ _____

9. DO YOU PLAN TO BECOME SELF-FUNDED: YES __ NO ☒

IF YES:

- ☐ Include your plan to become self-funded.
- ☐ Include progress to date to become self-funded.

10. HAVE YOU RECEIVED TOWN FUNDS IN THE PAST: YES ☒ NO __

11. IS THIS APPLICATION FOR NEW FUNDS: YES ☒ NO __

INCREASED FUNDS: YES __ NO ☒

12. IF YOU ANSWERED YES TO INCREASED FUNDS, DESCRIBE THE REASON FOR THE INCREASE:

13. EVENT LOCATION: West. WA Fairgrounds

14. DATE(S) OF EVENT: April 7-11 & 14-18

15. SINGLE OR MULTI-DAY EVENT: multi-day

16. PROJECTED ATTENDANCE: don't know

SUBMITTAL INSTRUCTIONS

APPLICATION DEADLINE: 60 Days Before Event

REQUIRED DOCUMENTS:

1. Application and Supplemental Questions:

- Original (signed)

Brochures and Other Materials:

- Include any copies that you have.

2. A copy of your agency's current non-profit corporate registration with the Washington Secretary of State. A copy of the online record is sufficient.

3. An itemized budget in the amount you are requesting from the Town. As an example, if you are requesting \$1,000 in LTAC funds from the Town, provide detail about what the \$1,000 will pay for.

SUBMIT TO:

Town of Eatonville
PO Box 309
Eatonville, WA 98328



THANK YOU FOR SHOPPING AT
#05 McLENDON HDWR - PUYALLUP
(253) 536-6560

No-Hassle Return & Exchange Policy
Your Original Receipt Guarantees it*

Ask about our Price Matching Guarantee

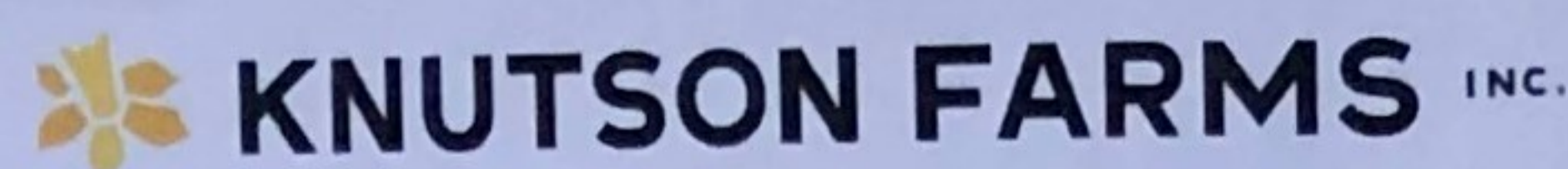
04/04/21 10:50AM AR7339 1514 SALE

1448197 13 EA 4.99 EA
STOCK SOD 24X48 SOD 8SFT ROLL 64.87

SUB-TOTAL:\$ 64.87 TAX:\$ 6.42
TOTAL:\$ 71.29
BC AMT:\$ 71.29

BK CARD#: XXXXXXXXXXXX6497
MID:*****7786 TID:
AUTH: 00403R AMT:\$ 71.29
Host reference #:800116 Bat#
Chip Read
CARD TYPE:DISCOVER EXPR: XXXX
AID : A00000001523010
TVR : 0000008000
TAD : 01056080030000000000000000000000
ARC : 00
MODE : Issuer
CVM :
Name :
TxnID/ValCode: 996795

Bank card USD\$ 71.29



16406 78th St E
Sumner, WA 98390
(253)863-5107
www.knutsonfarms.us

Invoice

Date	Invoice #
4/6/2021	30237

Bill To

Eatonville Community Float
31709 94th Ave. E.
Eatonville, WA. 98328

Ship To

Will Call

S.O. No.**FOB****Ship Date****Terms****P.O. No.**

Sumner

4/6/2021

Net 30

Eatonville Comm.

Qty	Description	Rate	Amount
6	Field Daffodils, FLOAT, 50bu/10stm, Yellow Blooms paid with check# 2701	75.00	450.00



Follow us @knutsonfarmsinc

Total	\$450.00
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PHONE: 360-832-3361
FAX: 360-832-3977
townclerk@eatonville-wa.gov

ORGANIZATION/AGENCY INFORMATION

Eatonville Chamber 91-605-3544
Organization/Agency Federal Tax ID Number
Mama Smith President
Contact Name Title
PO Box 845 Eatonville WA 98328
Mailing Address City State Zip
360 219 5879 dasmith@mon.com
Work Phone Cell Phone Fax Email Address

☒ Tourism Promotion Activities

☐ Tourism-Related Facility

☒ Events/Festivals: 3rd July EMS 7-3-21
Name of Event/Festival Location Date

☐ Non-profit (Attach copy of current non-profit corporate registration with Washington Secretary of State)

☒ Public Agency

Amount Requested: \$ 7,000.00

CERTIFICATION

I hereby state on behalf of Eatonville Chamber of Commerce that:
Organization/Agency Name

☒ Tourism Promotion Activities or Tourism-Related Facilities:

☒ This is an application for a contract with the Town of Eatonville and, if awarded, my organization/agency intends to enter into a Municipal Services Contract with the Town of Eatonville.

Events/Festivals:

☒ The applicant has, or can obtain, general liability insurance in an amount commensurate with the exposure of the event/festival.

☒ I understand the Town of Eatonville will only reimburse those costs actually incurred by my organization/agency and only after the service is rendered, paid for if provided by a third party, and a signed Request for Reimbursement form has been submitted to the Town, including copies of invoices and payment documentation.

Alan S
SIGNATURE

Mama Smith
PRINTED NAME

7/10/21
DATE

SUPPLEMENTAL QUESTIONS

DESCRIPTION OF TOURISM-RELATED ACTIVITIES OR EVENT:

Fireworks food vendors, family oriented event,
bringings

1. PROVIDE AN ESTIMATE OF THE NUMBER OF PARTICIPANTS WHO WILL ATTEND THE EVENT/ACTIVITY IN EACH OF THE FOLLOWING CATEGORIES:

- Stay **overnight in paid accommodations** away from their place of residence or business:
- Stay **overnight in unpaid accommodations** (with friends or family) and travel **50 miles or more one way** from their place of residence or business:
- Stay for the **day only** and **travel more than 50 miles or more one way** from their place of residence or business:
- **Attend but are not included** in one of the categories above:

7000

500

5000

- Estimated number of participants in **any of the above categories** that attend from **out-of-state** (includes other countries):

150050

HOW WILL THE FUNDS RECEIVED INCREASE THE NUMBER OF PEOPLE TRAVELING FOR BUSINESS OR PLEASURE ON A TRIP:

pay for expenses to bring event to Eatonville

2. HOW DO SERVICES PROMOTE AND ENHANCE TOURISM FOR Eatonville:

- Describe the tourism promotion impact on the economy of the Town of Eatonville, specifically lodging, food service sectors, and community facilities.
- Provide copies of proposed promotional material.

provide town businesses with \$ including
restaurants, hotel, gas

3. DESCRIBE HOW YOU WILL ENCOURAGE SUPPORT OF EATONVILLE BUSINESSES, RESTAURANTS, AND RETAIL:

include this in promotional
info & social media

4. IDENTIFY IF THE MILL VILLAGE MOTEL WILL BE A HOST HOTEL FOR THE EVENT: Yes ☒ No ☐

5. WHAT IS TARGET AGE GROUP(S): 0-60

6. DESCRIBE COMMUNITY APPEAL AND/ OR SUPPORT:

7. DO YOU RELY SOLELY ON LTAC FUNDS FROM THE Town of Eatonville: YES ☒ NO ☐

- Provide an itemized list identifying each type of expenditure to be reimbursed

fireworks 7000

8. IDENTIFY YOUR TOP 5 SOURCES OF REVENUE:

1. <u>Town of Eatonville residents</u>	\$ <u>2,000</u>
2. <u>Sponsorships</u>	\$ <u>2,500</u>
3. <u>Donations</u>	\$ <u>500</u>
4. <u>Town of Eaton</u>	\$ <u>7000</u>
5. _____	\$ _____

9. DO YOU PLAN TO BECOME SELF-FUNDED: YES ___ NO X

IF YES:

- ☐ Include your plan to become self-funded.
- ☐ Include progress to date to become self-funded.

10. HAVE YOU RECEIVED TOWN FUNDS IN THE PAST: YES X NO ___

11. IS THIS APPLICATION FOR NEW FUNDS: YES ___ NO X ?

INCREASED FUNDS: YES X NO ___

12. IF YOU ANSWERED YES TO INCREASED FUNDS, DESCRIBE THE REASON FOR THE INCREASE:

need to fund fireworks, unable to fund raise due to Covid

13. EVENT LOCATION: BSD

14. DATE(S) OF EVENT: 7/3/21

15. SINGLE OR MULTI-DAY EVENT: 1

16. PROJECTED ATTENDANCE: 7000

SUBMITTAL INSTRUCTIONS

APPLICATION DEADLINE: 60 Days Before Event

REQUIRED DOCUMENTS:

1. Application and Supplemental Questions:

- Original (signed)

Brochures and Other Materials:

- Include any copies that you have.

2. A copy of your agency's current non-profit corporate registration with the Washington Secretary of State. A copy of the online record is sufficient.

3. An itemized budget in the amount you are requesting from the Town. As an example, if you are requesting \$1,000 in LTAC funds from the Town, provide detail about what the \$1,000 will pay for.

SUBMIT TO:

Town of Eatonville
PO Box 309
Eatonville, WA 98328

2021 BUDGET FOR 3RD OF JULY CELEBRATION

DONATIONS:	\$2,750.00
TRUCK RAFFLE:	\$2,250.00
Town of Eatonville LTAC	\$7,000.00
TOTAL:	\$12,00.00

EXPENSES:

PYRO:	\$7,325.00
SUPPLIES ETC:	\$235.00
PRINTING:	\$300.00
HEALTH DEPT:	\$750.00
INSURANCE:	\$890.00
HONEYBUCKETS:	\$1,600.00
BOUNCY:	\$890.00
TOTAL:	\$ 11,990