



ENJOY NEW BERLIN
ROOM TAX GRANT
APPLICATION
DUE BY 12:00PM / JULY 7, 2023

AMOUNT REQUESTED:

Maximum Request: \$2,500

Section 1: Applicant Information / Description of Organization			
Applicant/Name of Organization			
Address	City	State	ZIP Code
Authorized Representative	Title	Telephone Number	
Contact Person	Title	Telephone Number	
E-Mail Address	Organization/Event Website URL		
Background of organization			
Mission and Objectives of organization			
Target Group(s) of organization			

Section 2: Project Information

Project/Event Title

Grant Request Amount

Total Project / Event Budget

Project / Event Location

Projected Number of Attendees

Detailed Project / Event Description

Explain How the Project Meets the Goals of the Grant Program/Benefits to the City of New Berlin (Please identify how this project/program will specifically be able to generate paid overnight stays in hotels within New Berlin. Please provide documentation from past projects, if applicable).

If your project/event reserves a block of rooms for this project/event in a City of New Berlin hotel, please provide number of rooms, number of nights and name of the hotel.

Expected Outcomes

Staffing Requirements

Timeline for Implementation	
Estimated Number of Hotel Stays from the Project / Event	
Is the proposed project/event: <input type="checkbox"/> New Project / Event <input type="checkbox"/> Existing Project / Event	

Section 3: Financial Information
Plans for Sustaining the Project's Funding Upon the Expiration of the Grant
List Other Funding Sources Applied To For Support of the Project
Detailed Description of 10% Match

I understand the restrictions placed on the expenditure of room tax funds governed by the Tourism Commission and certify that the requested funds will be used for the purposes described in this application or approved by the Commission. I understand that the use of funds is subject to review and a post project/event report is required. Grant recipients will be considered ineligible for future grants until post project/event reporting is filed. This application will serve as a grant agreement and award as noted below.

Print Name & Title: _____
Signed: _____ Date: _____
Address: _____
Phone: _____ Email: _____



ENJOY NEW BERLIN
ROOM TAX GRANT
EVALUATION WORKSHEET
INTERNAL USE ONLY

Reviewer Name:
Applicant Organization:
Project/Event:
Grant Request:

Maximum Points	Criteria	Notes	Score
10	Quality and completeness of the application		
30	The applicant has a well-developed marketing strategy that can reasonably be expected to generate multiple hotel stays.		
5 10 30	The project/event and application substantiate a reasonable likelihood of local economic impact from: - Local visitors - Day-trip visitors - Overnight visitors		
10	The methodology proposed to survey attendees is well developed and will likely generate good quality information regarding the number of attendees and whether they are local or non-local. Repeat project/events have provided adequate documentation of room night stays.		
5	The project/event is unique, unduplicated and creative.		
5 10 15	The expected/historical annual attendance is: 0-1,000 attendees 1,000-5,000 attendees 5,000 or more attendees		