

Llano County HOT Grant Application

**Organization/Business Information:**

*Please type or print neatly.*

Today's date: \_\_\_\_\_

Event Date: \_\_\_\_\_

Name of Organization/Business: \_\_\_\_\_

Organization founding date: \_\_\_\_\_

Mailing Address (including City, State, Zip code):  
\_\_\_\_\_

Contact Name (s): \_\_\_\_\_

Contact Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Is your organization for-profit, non-profit, or governmental: \_\_\_\_\_

Tax ID #: \_\_\_\_\_

Purpose and/or Mission Statement of your organization/business:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Event or Expenditure Description:**

*Please answer all items that apply to your request.*

Name of your event or expenditure:  
\_\_\_\_\_

Date(s) of your event or expenditure: \_\_\_\_\_

Date your follow-up report will be due (no more than 60 days from event date):  
\_\_\_\_\_

Primary location of event or expenditure:  
\_\_\_\_\_

Website address for your event or expenditure:  
\_\_\_\_\_

**HOT Grant Amount Requested:** \_\_\_\_\_

Do you require consideration for advance funds distribution? \_\_\_\_\_

If so, please explain: \_\_\_\_\_

How will the funds be used?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Approximate number of lodging room-nights are anticipated for unincorporated lodging properties in Llano County (i.e. lodging outside a city): \_\_\_\_\_

Approximate number of lodging room-nights are anticipated for incorporated lodging properties in Llano County (i.e. lodging within a city): \_\_\_\_\_

How do you plan to measure overnight stays?

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Do you intend to pursue other grant/ sponsorship agreements to support this event or expenditure? \_\_\_\_\_

If yes, please list along with amount(s) being requested:

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**Required Attachments Checklist:**

\_\_\_\_\_ Form W-9 \*\*If payment is made directly to applicant, the application will not be considered without it.

\_\_\_\_\_ Itemized Budget relevant to HOT revenues used, including revenues and expenditures

\_\_\_\_\_ Advertising/Marketing Plan, including target audience.

\_\_\_\_\_ List of current Board of Directors with complete contact information.

\_\_\_\_\_ Event/Marketing timeline.

\_\_\_\_\_ Any other information you feel will support your application

We agree to use all funding from the Llano County Hotel Occupancy Tax only as specifically stated in this application and that any unused funds will be returned to the Llano County Treasurer.

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Signature and Title

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Date

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Printed name