



# LLANO COUNTY TREASURER

**Cheryl Regmund**

P.O. Box 367 | 100 W Sandstone Street  
Llano, Texas 78643

## Llano County HOT Grant Application

### **Organization/Business Information:**

*Please type or print neatly.*

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

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

Organization founding date: \_\_\_\_\_ Tax ID #: \_\_\_\_\_

Is your organization/business: Non-Profit \_\_\_\_\_ Private/For Profit \_\_\_\_\_ (check one)

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

Contact Name \_\_\_\_\_ Contact Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Contact Name \_\_\_\_\_ Contact Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

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

### **Event or Project Description:** *Please answer all items that apply to your request.*

Are you applying for an Event or a Project? \_\_\_\_\_

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

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

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

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

How will the event or project promote tourism in Llano County? \_\_\_\_\_

Amount of funding requested: \_\_\_\_\_

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

## Llano County HOT Grant Application, continued

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

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

Are grant funds required prior to beginning your project or the event date? \_\_\_\_\_ (yes/no)

For events only:

Approximate number of lodging room-nights that are anticipated to stay overnight in an unincorporated Llano County Lodging facility \_\_\_\_\_

Approximate number of lodging room-nights that are anticipated to stay overnight in an incorporated Llano County Lodging facility \_\_\_\_\_

How do you plan to measure overnight stays? \_\_\_\_\_

### **Required Attachments Checklist:**

\_\_\_\_\_ Form W-9

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

\_\_\_\_\_ 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.**

**We agree to submit a follow-up report within 60 days following the event or finishing the project.**

\_\_\_\_\_  
Signature and Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name