



City of New Berlin
ROOM TAX GRANT PROGRAM
APPLICATION – DUE 12:00PM March 9, 2018

Special Projects Commission Use Only
Application Number: _____

Amount Requested: _____

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

ROOM TAX GRANT PROGRAM - GRANT APPLICATION

Section 2: Project Information
Project Title
Detailed Project Description
Explain How the Project Meets the Goals of the Grant Program/Benefits to the City of New Berlin (<u>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.</u>)
Expected Outcomes
Timeline For Implementation

ROOM TAX GRANT PROGRAM - GRANT APPLICATION

Section 2: Project Information (Continued)
Staffing Requirements

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