

CITY OF KALAMA TOURISM FUNDING REQUEST

Application Due by October 5th

Budget Year 2019

Instructions

1. Please type or print
2. Answer each question within the space provided. Please do not include additional attachments or supplementary pages unless they are essential to our understanding of your project.
3. Attach a detailed budget for the project. Use attached form or provide the equivalent information.
4. Last page is for reporting **after** the event has been held and to request reimbursement.

Application Information:

Organization/Individual: Nonprofit Public Other Private Association

Name: Kalama Chamber of Commerce

Address: _____

City: Kalama County: Cowlitz State: Wa Zip: 98625

Nonprofit Identification Number: _____

Contact Person:

Name: Taryn Nelson

Title: Treasurer Phone: 360-430-7798

Email: taryn.nelson@outlook.com

Project Information:

Title and brief description of project

Tourism map signage - to clearly direct people to our map which lists out different locations and activities in our area. And "Thank you" boulevard banners.

Timeline for project or Date of event: N/A

Geographic area served by this project: Kalama, wa.

Number of people served by this project: estimated 5+ per day

Please estimate the following:

Number of people staying overnight in paid accommodations	<u>N/A</u>
Number of people traveling more than 50 miles or staying overnight	<u>N/A</u>
Number of people from outside the state or country attending	<u>N/A</u>

Amount requested from the City of Kalama \$ 2063.55 Total project cost: 2063.55

Specifically how will this grant be used? How do you document your results

Way finding for tourism map and Creating an inviting atmosphere to our downtown district while thanking shoppers for stopping.

Funding Sources for this Project:

List all firm commitments to date to fund this project and their \$ Amount

1. Chamber of Commerce general budget
2. _____
3. _____

List any other sources of funding you have applied for:

Their source and \$ amount and the current Status

1. None
2. _____
3. _____

How will this project be funded in the future? maintenance will be done out of the budget

Signature Emily Stordahl Date 10/2/18

Budget worksheet – tourism funding request

List all project cost in the following categories:

	<u>Estimate</u>	<u>Actual</u> (complete w/Invoice)
Project Management/Administration:		
Project Manager Salary/Consultant Fees/Staff Cost:	\$ N/A	\$
Goods & Services:		
Contract Services-Consultant Fee	\$	\$
Materials/Supplies/Equipment	\$ 2063.55	\$
Construction Cost	\$	\$
Other Misc. Expenses	\$	\$
Total Goods & Services:	\$ 2063.55	_____
Operations:		
Facility Rent	\$	\$
Utilities	\$ N/A	\$
Other	\$	\$
Total Operations:	_____	_____
Other:	\$	\$
Total Cost:	_____	_____

List all funding sources for this project:

	\$	\$
Event Revenues	\$ N/A	\$

Total Other Revenue:

~~Quote Attached~~ Quote Attached

FINAL INVOICE FOR TOURISM FUNDING AND PROJECT/EVENT REPORT

Send to: Clerk/Treasurer, City of Kalama, PO Box 1007, Kalama, WA 98625

Organization : _____

Address: _____

Contact: _____

Phone No; _____

Amount of request \$ _____ Council Approved Amount \$ _____

Backup documentation attached: YES NO

Funds used for: _____

PROJECT/EVENT REPORT – Please attach a copy of the final budget for the event including revenues generated and expenditures.

Did the project/event meet the expectations? _____

Was the event well attended: _____

Actual attendance: _____ Expected: _____

Number of people staying overnight in paid accommodations _____

Number of people traveling more than 50 miles or staying overnight _____

Number of people from outside the state or country attending _____

Will the project/event be held next year? YES NO

How will the project/event be financed in the future: _____

Will city funding be requested: YES NO



Minuteman Press
 402 West Main Street
 Kelso, WA 98626
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 E-mail: LVprinter@MinutemanPress.com

Quotation

8/31/2018

Bill to: Kalama Chamber of Commerce
 PO Box 824
 Kalama, WA 98625

 Phone: 360-673-6299
 Email: info@kalamachamber.com

Ship to: Kalama Chamber of Commerce
 PO Box 824
 Kalama, WA 98625

 Phone: 360-673-6299
 Email: info@kalamachamber.com

1 Visitor Information Sign, 48" oval, printed on metal (Job ID 58389)

Total: ~~\$518.01~~

Volume Discount Savings

Quantity	Price	Difference	Savings	Price per Unit
1	\$518.01			\$518.010
2	\$614.28	\$96.27	40.71%	\$307.140

38 Boulevard Banners with 8 designs (Job ID 58367)

Total: **\$1,562.62**

Volume Discount Savings

Quantity	Price	Difference	Savings	Price per Unit
38	\$1,562.62			\$41.122
72	\$2,534.29	\$971.67	14.41%	\$35.198

1 Visitor Information Sign, 36" oval, printed on metal (Job ID 58305)

Total: **\$500.93**

Volume Discount Savings

Quantity	Price	Difference	Savings	Price per Unit
1	\$500.93			\$500.930
2	\$580.12	\$79.19	42.10%	\$290.060

Taxes are not included.

Quote valid for 30 days (Other terms available upon request)

Terms: Net 10 days

Quote based on camera-ready, customer provided artwork or disk. Additional Graphics/Typesetting charges may be applied as needed.

Salesperson: Mike

Taxes are not included.
Quote valid for 30 days (Other terms available upon request)
Quote based on camera-ready, customer provided artwork or disk. Additional Graphics/Typesetting charges may be applied as needed.

Terms: Net 10 days