

# Washington County, Maryland Hotel Rental Tax Grant Report

Organization	<input type="text"/>	Date	<input type="text"/>
Mailing Address	<input type="text"/>		
Contact Person	<input type="text"/>	Title	<input type="text"/>
Phone Number	<input type="text"/>	E-mail	<input type="text"/>
Project Name	<input type="text"/>		
Date of Project Completion	<input type="text"/>	Funding Received	<input type="text"/>
Grant Classification	<input type="radio"/> Develop Tourism/Attraction <input type="radio"/> Economic Development <input type="radio"/> Cultural <input type="radio"/> Recreational		

Expenses	Amount Requested	Amount Awarded	Amount Expended
Personnel			
Operating			
Equipment			
Advertising			
Facility Rental			
Contracted Services			
Other			
<b>Total</b>			

If applicable to your funding request and the information is available, complete the following:

How many persons attended or participated in your event or project?	<input type="text"/>
How many hotel/motel room nights were purchased as a result of your event or project?	<input type="text"/>

Describe the impact your event or project had on the community, local economy and the citizens of Washington County:

**Please attach copies of all receipts and supporting documentation for all Hotel Rental Tax Funding expenditures**

*I certify to the best of my knowledge and belief, that the billed costs and expenses are in accordance with the approved event or project.  
The expenses herein contained meet the intent of the Washington County Hotel Rental Tax Funding requirements.*

Signature	<input type="text"/>	Date	<input type="text"/>
Printed Name	<input type="text"/>	Title	<input type="text"/>

Send completed report to : Washington County Office of Grant Management, 100 W. Washington St. Hagerstown, MD 21740 or  
E-mail to: [mkramer@washco-md.net](mailto:mkramer@washco-md.net)