

Washington County, Maryland  
Hotel Rental Tax Funding  
Grant Application

100 West Washington Street  
Room 2200  
Hagerstown, Maryland 21740  
240-313-2040

Organization/Agency:  E-mail Address:

Address:

Contact Person:  Title:

Phone Number:  Fax Number:

Tax ID/Federal ID#:   Capital Request  Operating Request

Project Classification:  Tourism/Attraction  Economic Development  Cultural  Recreation

Project Name:

Project Start Date:  Project End Date:

Project Justification and Economic Benefit/Impact to the Visitor Industry, if Applicable

Anticipated Visitor Attendance and Impact on Hotel Rental Occupancy, if Applicable

Narrative Description of Project: Include purpose of project, outline of project procedures, intended results of project or any additional comments that support the need for project and/or merit as an event or activity designed to promote Washington County, Maryland.

## Total Project Budget

|  |  |
|--|--|
| A. Amount of Hotel Rental Tax Grant Funding Requested          |  |
| B. List Other Funding Sources and Their Respective Amounts     |  |
| Source: <input style="width: 55%; border: none;" type="text"/> | <input style="width: 35%; border: none;" type="text"/> |
| Source: <input style="width: 55%; border: none;" type="text"/> | <input style="width: 35%; border: none;" type="text"/> |
| Source: <input style="width: 55%; border: none;" type="text"/> | <input style="width: 35%; border: none;" type="text"/> |
| C. Total Project/Event Funding (A + B)                         | <input style="width: 35%; border: none;" type="text"/> |

**Itemize your total project budget into the appropriate classifications:**

|   |  |
|---|--|
| A. Tourism Attraction (Be specific in expense break down):              |  |
| <input style="width: 55%; border: none;" type="text"/>                  | <input style="width: 35%; border: none;" type="text"/> |
| <input style="width: 55%; border: none;" type="text"/>                  | <input style="width: 35%; border: none;" type="text"/> |
| <input style="width: 55%; border: none;" type="text"/>                  | <input style="width: 35%; border: none;" type="text"/> |
| B. Economic Development Enhancement (Be specific in expense breakdown): |  |
| <input style="width: 55%; border: none;" type="text"/>                  | <input style="width: 35%; border: none;" type="text"/> |
| <input style="width: 55%; border: none;" type="text"/>                  | <input style="width: 35%; border: none;" type="text"/> |
| <input style="width: 55%; border: none;" type="text"/>                  | <input style="width: 35%; border: none;" type="text"/> |
| C. Cultural Projects (Be specific in expense breakdown):                |  |
| <input style="width: 55%; border: none;" type="text"/>                  | <input style="width: 35%; border: none;" type="text"/> |
| <input style="width: 55%; border: none;" type="text"/>                  | <input style="width: 35%; border: none;" type="text"/> |
| <input style="width: 55%; border: none;" type="text"/>                  | <input style="width: 35%; border: none;" type="text"/> |
| D. Recreational Projects (Be specific in expense breakdown):            |  |
| <input style="width: 55%; border: none;" type="text"/>                  | <input style="width: 35%; border: none;" type="text"/> |
| <input style="width: 55%; border: none;" type="text"/>                  | <input style="width: 35%; border: none;" type="text"/> |
| <input style="width: 55%; border: none;" type="text"/>                  | <input style="width: 35%; border: none;" type="text"/> |
| <b>Total Project Budget</b>   | <input style="width: 35%; border: none;" type="text"/> |

Certification:

We certify the information contained in this application is complete, accurate and fully discloses the scope and intent of our request for funding from the Hotel Rental Tax Fund. We agree to comply with the County's requests for information regarding the use of awarded funds and to provide access to accounting records related to these funds.

We acknowledge that if expenditures of funds is approved, such approval will be for line-item-by-line-item expenditures, which must be adhered to within the maximum 10% line item deviation.

We further acknowledge that any deviations beyond 10% allowable amount will require us to submit a program amendment which will have to be approved by the Office of Grant Management prior to any further expenditures.

By signing this application, I/we accept and agree to be bound by the terms and conditions of Hotel Rental Tax Regulations as administered by the Washington County Commissioners in compliance with current State laws.

Signature:  Date:

Applicant/Organization:

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Recommended by:  Date:   Approve  
 Denied  
Director, Office of Grant Management

Recommended Award:

Comments:

Approved By:  Date:   Approved  
 Denied  
County Administrator

Approved Award:

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Board of County Commissioner Approval (for requests of \$25,000 and over):

Approved by BCC:  Date:   Approved  
 Denied  
County Clerk

Return Application To:  
Washington County Office of Grant Management  
100 West Washington Street Room 2200  
Hagerstown, Maryland 21740  
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