

**UNION COUNTY  
TRANSIENT TAX COMMUNITY EVENT  
GRANT APPLICATION & GUIDELINES**

**Grant Summary**

Funds shall be used in support of events held within Union County that increases economic growth, and the impact of tourism in Union County. This program is administered by the Union County Administrative Office with funding recommendations by the Transient Tax Advisory Committee. Final approval of funding is made by the Board of Commissioners.

**Procedures**

The Review Committee requests a completed application with a short narrative describing the event along with a budget. The Committee will review the proposals and may invite applicants to make an oral presentation to discuss the event and the requested funds.

**Program Requirements**

**Proposals:**

Grant applications are to be complete, legible, provide a detailed narrative of the project and its impact on Union County tourism, and include a budget for the event.

**Reporting Requirements:**

An Activity Report must be submitted to the Union County Administrative Office within 60 days of the event conclusion. Grant reports are to be complete, legible, provide a detailed narrative of grant usage and attendance of the event, and include a final budget. Reports to include detail of how the event or project acknowledged the Transient Tax Community Event award.

*\*Applicants who do not complete reporting requirements will be disqualified from grant funds for three consecutive fiscal years*

**Criteria**

All proposals will be evaluated using the following criteria:

1. Overall Attendance
2. Out of Area Attendance
3. Multi-Day Event that Encourages Overnight Stays
4. Purpose of Funds
5. Volunteer/Community Involvement
6. Event must be held in Union County
7. Matching Funds (events with a broad base of funding)

**Miscellaneous**

1. Criteria will be reviewed periodically by the Transient Tax Advisory Committee.
2. Actual funding will be based on revenue generated.
3. Applications may be picked up and returned to the County Administrative Office at 1106 K Avenue, La Grande.



**UNION COUNTY  
TRANSIENT TAX COMMUNITY EVENT  
GRANT APPLICATION**

**ORGANIZATION NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP CODE:** \_\_\_\_\_

**NAME OF CONTACT PERSON:** \_\_\_\_\_

**TITLE:** \_\_\_\_\_ **DAYTIME TELEPHONE:** \_\_\_\_\_

**E-Mail:** \_\_\_\_\_

**EVENT TITLE:** \_\_\_\_\_

**ORGANIZATION BACKGROUND & PROJECT NARRATIVE:**

Please attach a brief narrative of the scope of activity for which grant funds are requested. What do you want to do; why is it important; how are you going to do it; what are the economic benefits? Include your proposed method of evaluating the success of your activity.

TITLE, DESCRIPTION AND LOCATION OF YOUR ORGANIZATION’S EVENT (attach paper, if needed):

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**EVENT DURATION:** Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

**PROPOSED PROJECT BUDGET:**

Revenues:

<u>Source:</u>	<u>Amount:</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
<b>TOTAL:</b>	<b>\$ _____</b>

Partnership Donations or In-Kind Match:

<u>Source:</u>	<u>Amount:</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
<b>TOTAL</b>	<b>\$ _____</b>

<u>Expenses:</u>	<u>Amount:</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
<b>TOTAL</b>	<b>\$ _____</b>

**TOTAL TRANSIENT TAX COMMUNITY EVENT FUNDS REQUESTED: \$ \_\_\_\_\_**

Please attach a copy of your budget, and any partnership support letters you would like to include with your application.

\_\_\_\_\_  
Print Full Name

\_\_\_\_\_  
Signature

**\*\*Due within 60 days of conclusion of event\*\***

**EXPENSE REPORT TO THE UNION COUNTY  
TRANSIENT TAX ADVISORY COMMITTEE**

**EVENT TITLE:** \_\_\_\_\_

**ORGANIZATION:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

1. Title and description of your organization's event:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Date the event or project was completed:

\_\_\_\_\_

3. Number in attendance: \_\_\_\_\_

a) Registered attendees: \_\_\_\_\_

b) Non-Registered attendees: \_\_\_\_\_

c) Other: \_\_\_\_\_

4. Estimated percentage of attendance from outside of Union County:

\_\_\_\_\_  
\_\_\_\_\_

5. How were the requested funds used? Please attach documentation:

\_\_\_\_\_  
\_\_\_\_\_

6. How would you describe the success of your event?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Provide a copy of your final budget that shows your projected/actual expenditures for each budget line.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date