

# **NOTIFICATION OF PROCEDURES AND APPLICATIONS FOR SUBMISSION OF FRANKLIN COUNTY, TEXAS HOTEL/MOTEL OCCUPANCY TAX FUNDING REQUESTS**

- 1. Applications for 2025 Hotel/Motel Occupancy Tax funding are currently being accepted and shall be submitted to the Franklin County Judge's office. Applications can be obtained from the Treasurer's or Auditor's office or printed from Franklin County's website:**

**[www.co.franklin.tx.us/page/franklin.Hotel.Tax.Form](http://www.co.franklin.tx.us/page/franklin.Hotel.Tax.Form)**

- 2. If you or your organization anticipate an event that might require a 2025 funding request, 5 copies of the completed application must be submitted to the Franklin County Judge's office by noon on Monday, May 13, 2024. No funding requests will be accepted after the deadline.**
- 3. The Commissioner's Court has set the hearing for 9 am on Thursday, May 16, 2024 for all applicants to appear and present their request for 2025 HOT Tax funding. Funding amounts will be formally approved at the June 24, 2024 meeting of the Franklin County Commissioner's court.**

**HOTEL OCCUPANCY TAX  
FUNDING APPLICATION**

**Organization Information**

**Date:** \_\_\_\_\_

**Name of Organization:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City, State, Zip;** \_\_\_\_\_

**Contact Name:** \_\_\_\_\_

**Contact Phone Number:** \_\_\_\_\_

**Web Site Address for Event or Sponsoring Entity:** \_\_\_\_\_

**Is your organization:** ( ) Non-Profit ( ) Private/For Profit

**Tax ID#** \_\_\_\_\_

**Entity's Creation Date:** \_\_\_\_\_

**Purpose of your organization:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**EVENT OR PROJECT INFORMATION**

**Name of Event or Project:** \_\_\_\_\_

**Date(s) of Event or Project:** \_\_\_\_\_

**Primary Location of Event or Project:** \_\_\_\_\_

**How many years have you held this Event or Project:** \_\_\_\_\_

**What is the expected attendance?** \_\_\_\_\_

**Purpose of the Event:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Will the event be a ticketed event? Yes** \_\_\_\_\_ **No** \_\_\_\_\_

**Price of ticket or admission fee** \_\_\_\_\_

**Description of participants/teams (geographic or qualifying information, by invitation only, etc** \_\_\_\_\_

\_\_\_\_\_

**FUNDING INFORMATION**

Indicate the amount of funding requested under each of the categories eligible for funding under state law.

1. Amount Requested: \_\_\_\_\_ for funding the establishment, improvement or maintenance of a convention center or visitor information center in Franklin County.

2. Amount Requested: \_\_\_\_\_ for paying the administrative cost for facilitating convention registration in Franklin County.

3. Amount Requested: \_\_\_\_\_ to pay for advertising, solicitations, promotion programs to attract tourist and convention delegates or registrants to Franklin County.

4. Amount Requested: \_\_\_\_\_ for promotion of the arts in Franklin County.

5. Amount Requested: \_\_\_\_\_ for historical restoration and preservation projects in Franklin County.

6. Amount Requested: \_\_\_\_\_ for funding costs to hold sporting events in Franklin County.

**TOTAL AMOUNT REQUESTED:** \_\_\_\_\_

Has the organization submitted a list of the scheduled activities, programs, or events that will directly enhance and promote tourism and the convention and hotel industry as required by state law? Yes \_\_\_\_\_ No \_\_\_\_\_

Provide details of how the funds will be used? \_\_\_\_\_

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How will the expenditure directly enhance and promote tourism and the convention and hotel industry in Franklin County? \_\_\_\_\_

Answer the two following questions only if the event is a sporting related function (Category 6):

How many individuals are expected to participate? \_\_\_\_\_

How many of the participants are expected to be from another city or county?  
\_\_\_\_\_

**Percentage of Hotel Tax Support of Related Cost**

\_\_\_\_\_ Provide the percentage of Total **EVENT** Cost covered by Hotel Occupancy tax.

\_\_\_\_\_ Provide the percentage of Total **FACILITIES** Costs covered by Hotel Occupancy tax.

\_\_\_\_\_ Provide the percentage of **STAFF** Cost covered by Hotel Occupancy tax.

If Staff costs are covered, estimate the percentage of time staff spends annually on the funded event(s) compared to all other activities \_\_\_\_\_ %

How many people attending the Event or Project are expected to use Franklin County hotels? \_\_\_\_\_

How many people attending the Event or Project are expected to use Franklin County hotels, motels or bed and breakfasts? \_\_\_\_\_

How many nights are they expected to stay? \_\_\_\_\_

Has the organization reserved a block of rooms at a Franklin County facility and if so, list the number of rooms, the hotel and the discounted rate provided by the hotel.

Rooms Reserved: \_\_\_\_\_ Hotel \_\_\_\_\_ Room Rate \_\_\_\_\_  
Rooms Reserved: \_\_\_\_\_ Hotel \_\_\_\_\_ Room Rate \_\_\_\_\_

**Projected Hotel Occupancy Tax Generated by the Event**

# Rooms used \_\_\_\_\_ X # Nights \_\_\_\_\_ X Room Rate \_\_\_\_\_ X 0.07=\$ \_\_\_\_\_

**How will you measure the impact of your event on Franklin County hotel activity?  
Please provide the following information for the past three years for events for  
which you organization has utilized HOT (HOTEL OCCUPANCY TAX) funding.**

<b>City</b>	<b>Month/Yr.</b>	<b>Assistance Amount</b>	<b>Number Hotel Rooms Used</b>
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**List other organizations, government entities or grants that have been offered for  
financial support or are co-sponsors of your event or project.**

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**Please check all promotional efforts your organization is coordinating and the  
amount financially committed to each media outlet:**

**Paid Advertising \_\_\_\_\_ Newspaper \_\_\_\_\_ Radio \_\_\_\_\_ TV \_\_\_\_\_  
Press Releases to Media \_\_\_\_\_ Direct Mail to Out of Town Recipients \_\_\_\_\_**

**What areas do your advertising and promotion reach? \_\_\_\_\_**

**What number of individuals will your proposed marketing reach that are located in  
another city or county? \_\_\_\_\_**

**What dates will you begin the promotion and marketing of this event? \_\_\_\_\_**

**What is the organization's deadline for receiving approval or denial? \_\_\_\_\_**

**What is the organization's deadline for receiving funds? \_\_\_\_\_**

By signing this application I certify that:

I am an authorized representative of the above named organization, that the organization understands that there is no assurance of inclusion of this event or project in the County of Franklin budget or that the event or project will receive funding, that if the event or project is not reasonably likely to cause an increase in hotel or convention activity in Franklin County local hotel occupancy tax revenues can not legally fund it; that all awarding of funds are made by the Franklin County Treasury: **THAT FUNDS WILL ONLY BE USED IN ACCORDANCE WITH STATE AND LOCAL LAWS AND ORDINANCES AND:** that the organization agrees to provide a post event report with the Franklin County Judge within 60 days of the event or completion of the project.

Signature of Authorized Representative \_\_\_\_\_

Date Signed \_\_\_\_\_