Soap Lake
WASHINGTON

# BUDGET

# APPLICATION FOR FUNDING

**TOURISM DEVELOPMENT PROPOSAL AND APPLICATION FOR FUNDING FROM THE CITY OF SOAP LAKE FOR YEAR 2026**

**ISSUED**
11 / 2024

**VALID**
12 / 2026

20
26

## CITY OF SOAP LAKE
**RETURN BY DEC, 30TH 2025**

CITY HALL (509) 246-1211 WWW.SOAPLAKEWA.GOV WEBSITE@SOAPLAKEWA.GOV

APPLICATION FOR FUNDING 2026

ORDER NUMBER 2025 -

DATE / /

APPROVED YES ☐ NO ☐

*OFFICIAL USE ONLY*

# TOURISM DEVELOPMENT PROPOSAL AND APPLICATION FOR FUNDING FROM THE CITY OF SOAP LAKE FOR YEAR 2026

**PLEASE READ THIS ENTIRE APPLICAITION AND PROVIDE ALL REQUESTED INFORMATION - APPLICATIONS WITHOUT THE REQUIRED INFORMATION WILL BE CONSIDERED INCOMPLETE AND WILL NOT BE CONSIDERED FOR FUNDING**

**Applications must be returned by December 30, 2025 to be considered for funding for year 2026.**

ALL APPLICATIONS MUST INCLUDE A COPY OF THE ORGANIZATION'S 2024 BUDGET WHICH SHOWS REVENUE SOURCES AND EXPENDITURES. APPLICATIONS MUST ALSO INCLUDE A COPY OF YOUR ORGANIATION'S PROPOSED 2025 BUDGET WHICH INDICATES PROJECTED REVENUE SOURCES AND EXPENDITURES. APPLICATIONS RECIEVED WITHOUT A COPY OF THE APPROVED OR PROPOSED BUDGET WILL BE CONSIDERED INCOMPLETE AND WILL NOT BE CONSIDERED FOR FUNDING;

Are you registered with the Secretary of State as a non-profit organization? YES ☐ NO ☐
OR, are you registered with the State of Washington and have a Unified Business Identification Number (UBI)? YES ☐ NO ☐

## APPLICANT INFORMATION

| | |
|---|---|
| NAME OF ORGANIZATION | |
| ORGANIZATION'S MISSION | |
| NAME OF EVENT / PROJECT | |
| CONTACT FOR ORGANIZATION | |
| ALTERNATE CONTACT | |
| MAILING ADDRESS | |
| PHONE NUMBER | |
| ALTERNATE PHONE NUMBER | |
| TAX ID NUMBER OR EIN | |

**Return Application to:**
**City Of Soap Lake 239 2nd Ave SE, PO Box 1270, Soap Lake WA 98851 website@soaplakewa.gov**
**www.soaplakewa.gov**

APPLICATION FOR FUNDING 2026

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APPROVED YES ☐ NO ☐

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## PROVIDE A BRIEF HISTORY OF THE ORGANIZATION / AGENCY

## DESCRIBE YOUR EVENT AND HOW IT WILL DEVELOP / INCREASE TOURISM IN SOAP LAKE

## WHAT GEOGRAPHIC AREA(S) WILL YOU TARGET WITH YOUR MARKETING EFFORTS

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## WHAT DEMOGRAPHIC(S) WILL YOU TARGET IN YOUR MARKETING EFFORTS

## EXPLAIN HOW YOUR AGENCY / ORGANIZATION IS QUALIFIED TO SUCCESSFULLY CARRY OUT AND COMPLETE THE PROPOSED ACTIVITY / EVENT. WHAT RESORCES OR STAFF WILL YOU UTILIZE

APPLICATION FOR FUNDING 2026

APPLICATION # 2025 -

DATE / /

APPROVED YES ☐ NO ☐

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**INDICATE THE AMOUT YOU ARE REQUESTING FROM THE TAX FUND $**

**( FUNDS FROM THIS GRANT PROGRAM ARE REIMBURSED. )**

**THE CITY OF SOAP LAKE WILL MAKE NO REIMBURSEMENTS FOR ANY EXPENSES without a detailed receipt showing payment(s) have been made in full prior to receiving any tourism funds. Copies of checks or credit / debit card receipts are acceptable. There can be no prepayments. Reimbursement checks must be approved by the City Council which meets the first and third Wednesdays of each month. Checks cannot be issued without this approval. A tear sheet for all advertising must accompany the request for reimbursement.**

**APPLICATIONS WITH OUT THE FOLLOWING INFORMATION WILL BE CONDSIDERED INCOMPLETE AND WILL NOT BE PROCESSED**

**Each year the City of Soap Lake is required to submit a tourism report to the Washington State Community Trade & Economic Development. This report requires the City to account for the events that receive Hotel/Motel tax revenues. In order for the City to complete this report you are required to provide the following information**

*Estimated number of tourists: _____this is your estimate or actual attendance for your event.*
*Estimated lodging stays: _____this is your estimate or actual total for those lodging at local hotels, motels, resorts or commercial campgrounds that attend your event.*

**PLEASE DESCRIBE WHAT METHOD YOU USED TO COMPLILE THESE NUMBERS**

**AUTHORIZED SIGNATURE:**

| SIGNATURE: | DATE: |
|---|---|
| | |

**CITY HALL USE ONLY ; RECEIVED**

*OFFICIAL USE ONLY*

| SIGNATURE: | DATE: |
|---|---|
| | |

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