



# CITY OF STUART

119 E. Front Street  
P.O. Box 370  
Stuart, Iowa 50250-0370  
Phone 515-523-1455  
Fax 515-523-2578

Mayor  
Dick Cook

City Administrator  
Ashraf Ashour

## HOTEL/MOTEL TAX APPLICATION

**ALL PROJECTS MUST BE WITHIN THE STUART CITY LIMITS AND PROMOTE TOURISM TO THE CITY**

**DUE TO LIMITED FUNDS FROM THE TAX, MONIES AWARDED FOR A PROJECT MAY COVER ONLY A PORTION OF THE AMOUNT REQUESTED**

**APPLICATIONS WILL BE ACCEPTED AT CITY HALL FROM FEBRUARY 15, 2017 TO APRIL 15, 2017**

**FOR QUESTIONS REGARDING THE APPLICATION, PLEASE CONTACT CHERYL MARKS AT 523-1035**

***PLEASE SEND FIVE COPIES OF ALL PAGES OF APPLICATION***

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## RECEIPT OF APPLICATION

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**SIGNATURE OF APPLICANT**

\_\_\_\_\_  
**SIGNATURE OF CITY EMPLOYEE**

## **Grant Application Format**

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Please provide the following information in this order. Use these headings, subheadings and numbers provided in your own word processing format, thus leaving flexibility for length of response.

### A. Narrative

#### 1. Executive Summary

- Begin with a half-page executive summary. Briefly explain why your agency is requesting this grant, what outcomes you hope to achieve, and how you will spend the funds if the grant is made.
- How will project comply with code guidelines? (50% for providing recreation, convention, cultural or entertainment facilities or tourism as required by Section 422(A)(2)(4)(a) Code of Iowa).

#### 2. Purpose of Grant

- Statement of needs/problems to be addressed; description of target population and how they will benefit.
- Descriptions of project goals, measurable objectives, action plans, and statements as to whether this is a new or ongoing part of the sponsoring organization.
- Timetable for implementation.
- List of other partners in the project and their roles.

#### 3. Evaluation

- Plans for evaluation, including how success will be defined and measured.

#### 4. Budget Narrative/Justification

- List of amounts requested from other foundations, corporations and other funding sources to which this proposal has been submitted.
- List of priority items in the proposed grant budget, in the event that we are unable to meet your full request. ( Attach itemized budget).

#### 5. Organization Information

- Brief summary of organization's history.
- Brief statement of organization's mission and goals.
- Description of current programs, activities and accomplishments.

### B. Attachments

1. Letters of support (should verify project need and collaboration with other organizations)

**CITY OF STUART**  
**Hotel/Motel Tax Grant Application**

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Date of Application: \_\_\_\_\_

Legal name of organization applying: \_\_\_\_\_  
(Should be same as on IRS determination letter and as supplied on IRS form 990)

Year founded: \_\_\_\_\_ Current Operating Budget: \$ \_\_\_\_\_

Executive Director: \_\_\_\_\_ Phone # (     ) \_\_\_\_\_

Contact Person/title/phone #  
(if different from executive director: \_\_\_\_\_

Address (principal/administrative office): \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Fax Number: \_\_\_\_\_ email address: \_\_\_\_\_

List any previous support from this grantor in the last five (5) years: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Project Name: \_\_\_\_\_

Purpose of Grant (one sentence): \_\_\_\_\_

Dates of Project: \_\_\_\_\_ Amount Requested: \_\_\_\_\_

Total Project Cost: \$ \_\_\_\_\_

Geographic Area Served: \_\_\_\_\_

\_\_\_\_\_  
Signature, Chairperson, Board of Directors

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature, Executive Director

\_\_\_\_\_  
Date

## GRANT BUDGET FORMAT

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Listed below are standard budget items. Please provide the project budget in this format and in this order.

- A. Organizational fiscal year: \_\_\_\_\_
- B. Time period this budget covers: \_\_\_\_\_
- C. Revenue: include **a description and the total amount** for each of the following budget categories, in this order, please indicate which sources of revenue are committed and which are pending.

	<b>Committed</b>	<b>Pending</b>
1. Grants/Contracts/Contributions		
Local Government	\$ _____	\$ _____
State Government	\$ _____	\$ _____
Federal Government	\$ _____	\$ _____
Foundations (itemize)	\$ _____	\$ _____
Corporation (itemize)	\$ _____	\$ _____
Individuals	\$ _____	\$ _____
Other (Specify_	\$ _____	\$ _____
2. Earned Income		
Events	\$ _____	\$ _____
Publications and Products	\$ _____	\$ _____
3. Membership Income	\$ _____	\$ _____
4. In-kind Support	\$ _____	\$ _____
5. Other (specify)	\$ _____	\$ _____
Total Revenue	\$ _____	\$ _____