

**LAKE COUNTY TOURIST DEVELOPMENT TAX  
CAPITAL PROJECTS FUNDING APPLICATION FORM AND INSTRUCTIONS**

For funding consideration, please make sure your application is filled out completely and accompanied by the following information. If any item is not applicable, indicate N/A over the checkbox.

- Completed Checklist (this form)
- Funding Application and Applicant Certification
- IRS Form W-9 Request for Taxpayer Identification Number and Certification
- Narrative Report(s) if capital project funding received in prior years describing the current status of that project
- Written authorization on official organization letterhead for AUTHORIZED AGENT to act on behalf of Applicant
- Organizational outline, including but not limited to names and addresses of each board member and corporate officer (except government entities)
- Complete Budget Outline
- Three support documents (letter of recommendation, programs from previous years' event, brochures, media articles, etc.)
- A schematic design of the project, including any specifics that will assist in the approval process. All Capital Projects must meet all zoning requirements, building code, permitting regulations and other applicable laws.
- All written agreements involving media, hotels/motels and venue contracts/leases

Application packets should follow above format with dividers or tabs between each section.

Capital Project applications must include one (1) signed/stamped original, eleven (11) copies, and one (1) electronic copy (i.e. CD, flash drive, etc.), for a **total of 13 items**, and must be submitted by 4:00 p.m. on the application submittal deadline date to:

**Economic Development and Tourism Department  
315 West Main Street, Suite 233  
P. O. Box 7800  
Tavares, FL 32778**



**LAKE COUNTY TOURIST DEVELOPMENT TAX  
CAPITAL PROJECTS FUNDING APPLICATION**

**A. Background**

1. *Name of Capital Project:* \_\_\_\_\_
2. *Location:* \_\_\_\_\_
3. *Projected Timeline - Start:* \_\_\_\_\_ *Completion:* \_\_\_\_\_
4. *Please circle the description that best describes the nature of your Project:*  
New Construction          Expansion          Renovation          Major Equipment
5. *Executive Summary - Please provide an overview of the Project and its benefits to Lake County:*  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**B. Applicant Information**

1. *Name of Submitting Organization:* \_\_\_\_\_
2. *Purpose and Mission of Submitting Organization:* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. *How long has the organization been operating in Lake County?* \_\_\_\_\_
4. *Tax Status of Submitting Organization:* \_\_\_\_\_
5. *FEID Number:* \_\_\_\_\_ *(Please submit your W-9 with Application)*
6. *Contact Person & Title:* \_\_\_\_\_
7. *Address:* \_\_\_\_\_  
*Phone(s):* \_\_\_\_\_ *Fax:* \_\_\_\_\_ *Twitter:* \_\_\_\_\_  
*E-mail:* \_\_\_\_\_ *Web-site:* \_\_\_\_\_

**C. Project Details**

1. *Details on project space/construction type, clients served, and the Project itself:* \_\_\_\_\_

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2. *Describe in detail the strategic rationale and business justification for the Project:*

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3. *Projected Useful Life of Project:* \_\_\_\_\_

4. *Please attach any schematics, plans or images related to the project.*

**D. Financial Summary**

1. *Amount of TDT Funds Requested:* \_\_\_\_\_

2. *Project Costs:*

	Cost
Total Project Cost	
Land Value	
Design and Project Management Costs	
Construction Costs	
Infrastructure and Equipment Costs	

3. *What percentage of the Project costs will be spent locally?* \_\_\_\_\_

4. *Are there any recurring costs to buy new equipment / update the facility, if yes, list and explain:*

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5. *Project Local Annual Spending in Project's Operating Budget:* \_\_\_\_\_

6. *Please submit the following additional financial information for the Project (include information on both the construction phase and on-going operations):*

- A detailed Pro Forma Analysis for the Project
- A Sources and Uses Budget for the Project.

**E. Project Demand**

1. Who is the targeted population, audience or events for the Project: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

2. Please create and submit an event calendar for the previous twenty-four (24) months, if applicable, and the next 60 months (5 years) for the Project using the format below. If the Project is an expansion to an existing facility, please only include events unique to this Project.

Event Name	Event Dates	#of participants	# of Spectators	Total Attendance	Room Nights
Event #1					
Event #2					
Event #3					

3. Please fill in the following Attendance Chart estimates for the number of annual attendees in each category for the first (5) years after the Project opens. If the Project is an expansion to an existing facility, please only include those attendees unique to the development of this Project.

	Origin of Attendees			Average Stay (Days)
	Out-of-State	In-State, Non-County	Local	
Year 1				
Year 2				
Year 3				
Year 4				
Year 5				

4. On average, how many months per year will the Project be utilized: \_\_\_\_\_

5. For those months, how many average days per month will the Project be utilized: \_\_\_\_\_

6. Please fill in the following *Hotel Room Night Chart* with estimates for the number of room nights generated annually for the first five (5) years after the Project opens. If the Project is an expansion to an existing facility, please only include those room nights resulting from the development of this Project.

	Year 1	Year 2	Year 3	Year 4	Year 5
Projected Room Nights					
Bed Tax Exempt Room Nights (If Applicable)					
Average Nightly Room Rate					

7. Please submit a brief narrative of the plan for this event to generate room nights in Lake County:

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8. List additional sponsors/partners: \_\_\_\_\_

9. List Host Hotels-Committed: \_\_\_\_\_

\_\_\_\_\_

10. List Host Hotels-Applied For: \_\_\_\_\_

\_\_\_\_\_

11. Number of Vendors: \_\_\_\_\_ Local: \_\_\_\_\_ Out of County: \_\_\_\_\_

12. How will you evaluate and measure your programs success? \_\_\_\_\_

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13. List states and countries represented by previous attendees if an existing facility has been used for events that the new facility will host or if it is an expansion of an existing facility:

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14. Will events held through the Project charge an entry fee, admission fee, parking fee, etc.? \_\_\_\_\_

If yes to any of these please list them: \_\_\_\_\_

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**F. Marketing Summary**

1. Outline of the marketing plan for the Project and resulting events:

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2. Describe what steps have been taken or will be taken to attract new attendees, and thus increase overnight stays. \_\_\_\_\_

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**G. Signature**

*I have reviewed the LAKE COUNTY TOURIST DEVELOPMENT CAPITAL PROJECTS FUNDING APPLICATION. I am in full agreement with the information contained in this application and its attachments as accurate and complete. I further acknowledge my understanding that the County in approving a funding agreement does not assume any liability or responsibility for the ultimate financial profitability of the project for which the funds are awarded. The County, unless otherwise specifically stated, is only a financial contributor to the project and not a promoter or co-sponsor, and will not guarantee or be responsible or liable for any debts incurred for such event. I have put all third parties on notice that the County will not be responsible for payment of any costs or debts for the project.*

\_\_\_\_\_  
Signature (Please sign in **BLUE** ink)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name and Title of person authorized to sign the application

\_\_\_\_\_  
Applicant's Organization