



Application for Hotel/Motel Funds

Contact Information

First _____ Last _____ Title _____
() _____
Phone _____
_____ email _____
_____ Organization Name _____
_____ Organization Address _____
_____ _____
_____ City _____ State _____ Zip _____

Type of Applicant: Municipality Non Profit
 Individual For Profit Business
 Other _____

Federal Tax ID No. _____

The undersigned on behalf of the applicant does hereby certify that:

- 1) All statements made for the purpose of obtaining County assistance for the proposed project either are set out in full in this application, or are set out in full in the documents attached to this application and incorporated by reference, and are true to the best of my knowledge and belief.
- 2) The individual whose signature appears hereon is the organization's chief executive officer or authorized representative and is authorized to sign this application for the organization.

Signature: _____
Print name: _____
Title: _____
Date: _____

Application for Hotel/Motel Funds

Proposed Budget

Budget Category	Amount
1. Personnel Services	
a. Salaries and Wages	\$ _____
b. Fringe Benefits	\$ _____
Subtotal	\$ _____
2. Nonpersonnel Services	
a. Supplies and Materials	\$ _____
b. Equipment	\$ _____
c. Travel	\$ _____
d. Contractual	\$ _____
e. Other	\$ _____
Subtotal	\$ _____
Total Project	\$ _____

Sources of Funds

	Amount	%	Status* (C or A)
Broome County Hotel Motel	\$ _____	_____	_____
State Grant Funds	\$ _____	_____	_____
Federal Grant Funds	\$ _____	_____	_____
Private Cash	\$ _____	_____	_____
In Kind	\$ _____	_____	_____
Total Project	\$ _____	_____	

*C=Committed
A=Applied For

* C = Committed
A = Applied For

Application for Hotel/Motel Funds

Project Description

Describe the project, the specific location and/or service area, what agency or organization is going to be responsible for carrying the project out, and a list of key personnel.

(Attach additional sheets as necessary)

Impact to the Community

In consideration of the Broome County Hotel Motel Fund Policy, state how the project will impact the community-at-large and address the need for Brownfield Cleanup & Redevelopment or Economic Development & Marketing. Refer to the stated criteria and priorities as appropriate

(Attach additional sheets as necessary)

Submit completed application to: Frank Evangelisti, Director; Broome County Department of Planning; PO Box 1766, Binghamton, NY 13902 or via email to: fevangelisti@co.broome.ny.us Call 607 778 2114 with any questions or for more information.