CITY ADMINISTRATOR
ROBERT OMANS

CITY CLERK
DEBBIE LEE

CITY TREASURER
ROBIN NEWCOMB

PUBLIC WORKS

POLICE CHIEF
RICH ALBO

FIRE CHIEF
ED MILLS

PLANNER

Lodging Tax & Events Committee
Agenda
May 13, 2024
8:30 AM

119 W FIRST STREET
CLE ELUM, WA 98922

MAYOR
MATTHEW LUNDH

MAYOR PRO TEM
STEVEN HARPER

LODGING TAX & EVENTS COMMITTEE
STEVEN COOK - CHAIR
STEVEN HARPER
AUDREY MALEK

CITY ATTORNEY
ALEXANDRA KENYON

Join Virtually with Zoom: https://zoom.us/j/7573184018?pwd=dERndjBJVC9GdVQ1d2ISRExwZFhXZz09
Meeting ID: 757 318 4018 Passcode: 98922

Join by Phone: 1-(253)215-8782, Meeting ID: 757 318 4018, Passcode:98922
TextMyGov **Receive city text alert notifications: text CLEELUM to 91896**

DISCLAIMER: The City does not guarantee that virtual or telephonic access to the City Council meeting will be available and the City does not warrant audio quality. Attendees are encouraged to attend in-person.

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1. **Call to Order**
2. **Unfinished Business**
   a. Application Fee - Discussion - Yakima Special Event & Parade Permit (example)
3. **New Business**
   a. Approve The Meeting Minutes of the Lodging Tax & Events Committee Dated April 8, 2024
   b. Approve The Meeting Minutes of the Lodging Tax & Event Committee Meeting Dated April 15, 2024
   c. Parish Picnic 2024 Event Application
   d. Henry Newberry Reunion 2024 Event Application
   e. Outdoor Mass for Corpus Christi 2024 Event Application
   f. Upper Kittitas County Senior Center Dinner Theatre 2024 Lodging Tax Application
   g. Upper Kittitas County Rec Center 2024 Lodging Tax Application
   h. Public Works Signs 2024 Lodging Tax Application
4. **Other Committee Comments**
5. **Adjourn**

Upcoming Meetings:
Next Lodging Tax & Events Committee Meeting: June 10, 2024 @ 8:30 a.m.

Lodging Tax & Events Committee Agenda
May 13, 2024

119 W FIRST STREET
CLE ELUM, WA 98922

Regular Council Meeting: May 14, 2024 @ 6:00 p.m.
Planning Commission Meeting: May 21, 2024 @ 6:00 p.m.
General Government Committee Meeting: May 22, 2024 @ 8:30 a.m.
Public Safety & Health Committee Meeting: May 21, 2024 @ 1:00 p.m.
Public Works & Community Development Committee Meeting: June 6, 2024 @ 12:00 p.m.

SPECIAL EVENT & PARADE PERMIT APPLICATION

This application form must be completed to begin your Special Event Permit process. Please use the City's Special Event & Parade Guidelines document to help guide you through this application process. This application must be turned in no later than 45 calendar days before the event. Please be as detailed as possible when answering these questions and provide any attachments you feel necessary to help with the special event process.

SPECIAL EVENT PERMIT FEE:

$50 permit fee

$100 late fee if turned in less than three weeks in advance for the event (late application filing must be approved by the Planning Division), in addition to the $50 permit fee

The fee must accompany submittal of your application and is non-refundable in case of event cancellation.

EVENT ORGANIZER CONTACT INFORMATION:

a) Contact Name: _____

b) Organization Name: _____

c) Organization Address: _____ Postal Code: _____

d) Phone: (Day)_____ (Home)_____

(Cell)_____

e) Email Address: _____

f) Event & Organization Website:_____

g) Organization Type:

☐ Non-Profit 501(c)(3) – Tax ID #:_____ ☐ Individual ☐ Corporation

☐ Sole Proprietor ☐ Other:_____

h) Public Liaison Person: _____Phone: _____

i) On-Site Liaison Person:_____ Phone(Cell):_____

SPECIAL EVENT DETAILS:

a) Event Name: _____

b) Type of Event: ☐ March or Rally ☐ Parade ☐ Run or Walk ☐ Fair ☐ Concert

☐ Other (specify):_____

c) Brief Description: _____

d) Event Beneficiaries: _____

e) Event History. Is this a new event? ☐ Yes ☐ No

For new events, a meeting with the Community Development Specialist shall be held at least 6 months prior to the event. If this a recurring event that has happened in previous years, a meeting shall be held at least 3 months prior to the event.

Describe any changes to this year's event: _____

_____

f) Event Dates and Times:

SINGLE DAY:

IF EVENT IS MORE THAN ONE DAY, SKIP THIS SECTION AND FILL OUT THE MULTIPLE DAYS SECTION

Date:_____ Start Time:_____ End Time:_____

Set-up: _____ to _____ Tear Down:_____ to _____

MULTIPLE DAYS:

Day 1	Date:			
	Setup Time:		to	
	Event Time:		to	
	Tear Down Time:		to	
Day 2	Date:			
	Setup Time:		to	
	Event Time:		to	
	Tear Down Time:		to	
Day 3	Date:			
	Setup Time:		to	
	Event Time:		to	
	Tear Down Time:		to	

g) Event Location (describe and check all that apply):

☐ Public Right-of-Way (city street/sidewalk) - if applicable, describe the location on question h.

☐ City Park:_____

If the event will be using Millennium Plaza or any city park, you must also apply for a permit from the Yakima Parks and Recreation Department to use the plaza. You can reach the department at (509) 575-6020 or via email at askparks@yakimawa.gov.

☐ Private property:_____

You may still need a permit for private property if the event will include any of the following, which could impact the public: outdoor concert with or without sound amplification, the sale or use of alcoholic beverages such as a beer garden, the use of a tent over 400 sq ft, or fireworks.

h) Public Right-of-Way.

i. Will there be any full or partial street closures related to your event? ☐ Yes ☐ No
If yes, attach an MUTCD compliant Traffic Control plan.

ii. _____

_____

_____

iii. Will you be blocking any public sidewalks prior to, during, or after the event?

☐ Yes ☐ No

If yes, describe:_____

_____

_____

i) Attendance.

i. This event is: ☐ Open to the Public ☐ Private Event ☐ Ticketed Event

ii. Will there be an admissions charge? ☐ Yes ☐ No
Price:_____

iii. Number of Participants: _____

iv. Number of Spectators:_____

v. For Parades, expected number of vehicles:_____

vi. For Parades, will you have horses and/or animals? ☐ Yes ☐ No ☐ Not Applicable

If so, please describe:_____

_____

_____

j) What are your expected impacts on traffic and plans for managing them? Please be specific:

_____

_____

_____

k) What provisions have been made for parking participants, vendors, organizers, performers? Please provide a map of the parking you describe herein:

_____

_____

_____

l) What provisions will be made for people with disabilities? (e.g. parking and street access, pathways, washrooms, viewing areas). Please provide a map as appropriate.

_____

_____

_____

m) What staff is involved in producing the event? Please list the number and general job duties of each:_____

_____

_____

n) Sound.

i. Are amplified entertainment, music and/or speeches included? ☐ Yes ☐ No

ii. If sound will only be provided for a portion of the event, please list the time the sound will be provided:_____

_____

_____

o) Vendors.

i. Food will be: ☐ Served ☐ Sold ☐ Not Applicable

ii. Will the event have vendors of any kind? ☐ Yes ☐ No

iii. If so, how many? ☐ 1 to 5 ☐ 6 to 10 ☐ More than 10 ☐ Not Applicable

iv. What type of vendors will be present? (select all that apply and describe):

☐ Food Truck:_____

☐ Merchandise:_____

☐ Other:_____

☐ Not Applicable

Selling food or merchandise of any kind requires a City of Yakima Business License from the Code Administration. All vendors selling food must apply for a temporary food establishment permit unless they meet all exemptions as noted on Yakima Health Districts' Food program application and resource page found at: http://yakimacounty.us/2123/Applications-Resources. Contact Yakima Health District with questions about your temporary food service license by calling (509) 249-6508 or access the above web page. By signing this document and filling out this section you acknowledge that additional licenses and permits are necessary to sell or provide food, beverages and merchandise at your event.

p) Food Preparation.

i. Is food prepared on site during this event? ☐ Yes ☐ No

ii. If so, please be specific as to how food will be prepared:

_____

_____

_____

_____

If food is being prepared on site, an inspection by the Fire Department will be conducted. A minimum fee of $100 ***per event day*** *would apply; see YMC 10.05.015 for fee details: http://www.codepublishing.com/WA/Yakima/html/Yakima10/Yakima1005.html#10.05.015.*

By signing this document and filling out this section you acknowledge that additional inspections and costs are necessary to prepare food at your event.

q) Alcohol.

i. Alcohol will be: ☐ Served ☐ Sold ☐ Not Applicable

ii. Select all alcohol types that will be sold: ☐ Beer ☐ Wine ☐ Spirits ☐ Not Applicable

iii. How many alcohol vendors?:_____

A Special Liquor License is required if alcohol is being served or sold. By signing this document and filling out this section you acknowledge that additional licenses are necessary to sell or provide alcohol at your event.

r) Temporary Structures (e.g. tents, stages, portable toilets).

i. Will the event have a temporary structure over 400 sq ft? ☐ Yes ☐ No

A tent permit is required for tents in excess of 400 square feet. The application can be downloaded here: https://www.yakimawa.gov/services/codes/permits/

i. Provide the type, number, and size of the temporary structures that will be on site:

_____

_____

_____

s) First Aid Provision. What first aid provisions have been identified?

☐ First Aid Kit

☐ First Aid Station – responsible party:_____

☐ Ambulance – responsible party:_____

☐ 911/CPR – responsible party information:_____

☐ None

t) Safety. What safety risks have been identified and how will they be addressed?

_____

_____

_____

_____

u) Security. What risks for crowd management and site security have been identified and how will they be addressed? If hiring an outside security service, please indicate the number of security officers that will be present at the event:_____

_____

_____

_____

v) Waste Management.

i) Solid Waste

(1) Explain what waste or litter will be generated :_____

_____

_____

(2) List the quantity and size of the trash and recycling receptacles that will be provided:_____

_____

_____

Contact the city's Refuse Division to request garbage receptacles for your event at least three weeks in advance of your event date – (509) 575-6005. Information on recycling can be found online here: https://www.yakimacounty.us/645/Event-Recycling

(3) How often will the trash and recycling bins be emptied throughout the event?

_____

_____

_____

ii) Liquid Waste – Portable toilets should be provided for attendees or public restrooms made available. Yakima Health Districts recommends 1 portable toilet per 50 people for all day events.

(1) Will your event have portable toilets? ☐ Yes ☐ No

(2) If so, how many:_____

iii) Potable Water – what access to water will be provided?

☐ Access to Municipal Water ☐ Bottled Water ☐ None

If no municipal water is available, Yakima Health District recommends you provide handwashing stations and bottled water.

EVENT SITE PLAN CHECKLIST

A site plan is required for each location used for the event. This plan should be **clearly presented** and include the date it was prepared (any revised plans must include the date). The site plan should include the following as applicable, and any other details you think are helpful:

☐ NORTH, indicated by a directional arrow symbol

☐ Street names

☐ Street closure points

☐ Emergency vehicle access/fire lane (must indicate width of 20-foot minimum along entire length of street closure)

☐ Parking areas

☐ Garbage and recycling areas

☐ Permanent and Temporary structures on site/to be placed on site, including but not limited to: vendor booths, cooking areas, first aid stations, fencing, gates, cables, sound systems, canopies/tents, stages, waste collection bins/stations, portable toilets, etc.

☐ For parades/processions/marches: route with directional arrows, starting point and finishing point, staging area, assembly area, and dispersal area

☐ For runs/races/walks/other athletic events: starting line, finish line, route with directional arrows, street closure points and barricades, water stations or other stopping points along the route

☐ For beer garden or other enclosed area – fencing/barriers (including dimensions) and entrance and exit points

CITY SERVICES

The City of Yakima provides services to assist in the production of special events within City limits.

A for-profit event will pay 100% of the City of Yakima Services associated with the event and a licensed non-profit will pay 50% of the City of Yakima Services. Other fees may apply based on the event's request.

Describe any of the following support you expect to require and/or request:

a) Police: _____

_____

_____

b) Fire: _____

_____

c) Streets / Traffic Control: _____

_____

_____

d) Access to Water or Power: _____

_____

e) Other: _____

_____

ADDITIONAL QUESTIONS

1. Insurance is required pursuant to Yakima Municipal Code 9.70.160. Have you attached your liability insurance with Endorsement? **Insurance must be submitted 30 days prior to your event date for your event to be considered.**

   ☐ Yes ☐ No

INSURANCE REQUIREMENTS (Per YMC 9.70.160):

A. Commercial General Liability (Occurrence Form). One million dollars per occurrence/two million dollars aggregate combined single limit liability for bodily injury and property damage. If other than the standard CG 00 01 form is used, such as a special events policy, the policy shall be furnished to the city attorney for review and may be rejected based upon the specified policy exclusions. If animals are included in the event, no animal exclusion will be allowed or approved. The policy shall not contain a separate assault and battery exclusion. The policy shall not exclude coverage for participants in the event.

B. If sponsor owned or rented vehicles are involved in the event: automobile liability at one million dollars per occurrence combined single limit bodily injury and property damage. This includes coverage for any owned, hired or non-owned vehicles. If the sponsor of the event does not own the vehicles that will be used in the event, then only hired and non-owned auto liability may be required, which can be included on the commercial general liability policy.

C. If liquor is served at the event: liquor liability coverage shall be required at a one-million-dollar liability limit. If there is no charge for the liquor being served and the policy provides host liquor liability coverage, then this requirement may be waived with the economic development manager's approval.

D. The applicant shall provide a certificate of insurance as proof of the insurance required above that clearly states who the provider is, the amount of coverage, the policy number, and when the policy and provisions provided are in effect. Said policy shall be in effect for the duration of the permit. The certificate of liability insurance policy shall name the city of Yakima, its elected officials, officers, agents, employees and volunteers as additional insureds, and shall contain a clause that the insurer will not cancel the insurance without first giving the city prior written notice. The insurance shall be with an insurance company or companies rated A-VII or higher in Best's Guide and admitted in the state of Washington, or an A-VII rated approved surplus lines carrier. If the city is damaged by the failure of the applicant to maintain the above insurance or to notify the city, then the applicant shall bear all costs attributable thereto. An expiration, cancellation, or revocation of the insurance policy or withdrawal of the insurer from the insurance policy automatically suspends the permit issued to the applicant until a new insurance policy or reinstatement notice has been filed and approved as provided in this section.

2. Are you prepared to provide notification to effected businesses and/or residents along the route in the way prescribed in Section F of the special event/parade guidelines?

   ☐ Yes ☐ No

3. Are you aware that a security deposit may be required for events based on the type of event, its estimated attendance and other factors and your event's date will not be confirmed until

the City receives the security deposit?

☐ Yes ☐ No

4. Have you attached your site plan?

☐ Yes ☐ No

Please mail your completed application form to:

City of Yakima
129 North 2nd Street
Yakima, Washington 98901

Or you may submit your completed application to the Code Administration front counter on the 2nd floor of City Hall (129 North 2nd Street, Yakima, WA 98901).

The applicant agrees to the conditions that have been specified in this application, to the conditions of any required supporting permits, and to changes made by the Planning Division necessary to approve the final special event permit. If the applicant does not agree with the terms specified in the permit, they will notify the Planning Division within 48 hours after receiving the permit.

Any permit issued pursuant to this application is subject to City review up to the time of the event. In the event the City finds that there are conditions that were not outlined by the applicant in this application, the event may be subject to additional requirements, or subject to closure.

Please note that the City of Yakima is subject to the provisions of the Public Records Act, Chapter 42.56 RCW, and that this application and the information contained therein are subject to the disclosure provisions of such Act.

On behalf of the applicant organization, I/we acknowledge that I/we have read and understood the conditions in the Special Event Application Guidelines and Chapter 9.70 YMC and agree to comply with them, including but not limited to the provisions of YMC 9.70.160 setting forth requirements for insurance and duties to defend, indemnify and hold the City of Yakima harmless.

Signature: _____ Date: _____

Printed Name: _____

DRAFT

CLE ELUM LODGING TAX & EVENTS COMMITTEE
MINUTES
APRIL 8, 2024
8:30 AM
119 W FIRST STREET
CLE ELUM, WA 98922

1. Call to Order

Steven Cook - Committee Member present
Steven Harper - Committee Member present
Audrey Malek - Committee Member absent

Matthew Lundh - Mayor
Debbie Lee - Clerk
Audrey Casassa - Utility Clerk
Aaron Barr - Public Works
Colleda Monick - HLA via zoom

2. Unfinished Business

Steven Harper Committee Member wanted to move the 3 on 3 UKC Basketball Tournament 2024 Event Application to be the last item on the agenda to give them time to show up. Steven Harper also wanted to add to the agenda for discussion the Upper Kittitas County Community Center under the new business.

3. New Business

a. Approve the Minutes from the Lodging Tax & Event Committee Meeting Dated March 11, 2024

There was an error in the time the meeting was adjourned. It was listed as 9:40 p.m. and it should have been 9:40 a.m.

The minutes were approved as amended.

b. Elliott Wedding Reception 2024 Event Application

This wedding is a fairly small event. The restrooms are functioning in the park, they have their liquor license and proof of insurance. Audrey will send a work order to public works to give them notice of the event. They requested the park for 3 days as they wanted to set it up on Friday and clean up on Sunday.

The Event & Lodging Tax Committee approved this event.

c. Downtown Clean-Up 2024 Event Application

Committee Member Steven Harper stated he appreciated this event. It was noted that Waste Management would provide a dumpster for this event.

The Committee approved this event.

d. Boo-Elum 2024 Event Application

This event is held every year, and it is on First Street from Pennsylvania to Wright Ave.

The Committee approved this event.

e. Pioneer Day - Dock Diving Dogs 2024 Event Application

This event will be one extra day this year. They will be in the grassy area at Wye Park and have met all of the requirements.

The Committee approved this event.

f. Trailer Rental Application - Discussion

Aaron Barr of public works explained that in years past the trailer has been loaned out on a first come first, served basis. If the city was to start charging a daily use fee of $100, this could possibly be used to make much needed improvements to the trailer.

Discussion was had about a hold harmless agreement and insurance being required. The contract presented today was approved by the city's insurance company. The contract will be updated with the amount of rental, insurance etc. and brought before the Council.

g. Application Fee - Discussion - Yakima Special Event & Parade Permit (example)

Colleda Monick discussed with the Committee if they wanted to charge a daily use fee for the airport. The city has spent a lot of resources making the airport what it is. Colleda also explained that she has reached out to other airports and city attorneys for information. Insurance, liability, police and fire were topics discussed.

The Committee felt that $250 per day for the event would be a fair charge and to also be able to charge additional fees for different staff time if needed.

Aaron, of public works, stated that they usually mow up at the airport a couple of times a year. But public works will have to mow for this event as well.

The Committee asked Colleda to follow up with the city attorney and get a contract in place for the Council to review in the near future.

Discussion was then had to start charging a fee for all city events. As more staff time is required. There is an example of the City of Yakima's Event and Parade Application. Colleda will provide the Committee with the language the City of Yakima uses for events

that are exempt from the fee. Some events like the cleanup day are community based, so possibly not charge for this type of event. The Committee will continue this discussion at the next Committee meeting.

h. 3 on 3 UKC Basketball Tournament 2024 Event Application

An email was sent to 3 on 3 basketball organizers letting them know of the meeting.

Committee Member Harper will reach out and see when they can meet to discuss this event.

i. Upper Kittitas County Community Recreation Center

Committee Member Steven Harper stated Claire Nichols reached out and stated they have about a $205,000 shortfall regarding the architecture fees. The group has gone to the county to request funding of $130,000. Originally, the city of Cle Elum had verbalized using some of the Lodging Tax Funds to help support this center. The Committee would like to bring this to the Council for further discussion. Committee Member Harper thought about whether the Council could formalize this in a resolution possibly setting aside 25% a year for the center. Committee Member Harper will get the current figures from the Lodging Tax Fund from Robin Newcomb, City Finance Director.

Discussion was also had about a letter that was submitted to the editor regarding a swimming pool in a city park.

4. Other Committee Comments

Committee Member Harper would like to step down from being the chair person on the Event & Lodging Tax Committee as he is already the chair on another Committee.

Mayor Lundh thought it was a good idea to have different chairs and feels like it gives Committee members the opportunity to have the experience. Mayor Lundh encouraged Committee Member Cook to accept the chair position.

Committee Member Cook accepted the position as chair of the Event & Lodging Tax Committee.

5. Adjourn

Meeting was adjourned at 9:24 a.m.

_____ _____

Steven Harper, Chair Debbie Lee, Clerk

DRAFT

CLE ELUM LODGING TAX & EVENTS COMMITTEE
MINUTES
APRIL 15, 2024
4:00 PM
119 W FIRST STREET
CLE ELUM, WA 98922

1. Call to Order

Steven Cook - Committee Member present
Steven Harper - Committee Member present
Audrey Malek - Committee Member absent

Audrey Casassa - Utility Clerk
Debbie Lee - Clerk
Rob Omans - City Administrator
Matthew Lundh - Mayor
Rich Albo - Chief of Police

2. Unfinished Business

a. UKC 3 on 3 Basketball Tournament

Discussion was had regarding the ability to shut down First Street for the day due to all the construction that will be happening. They also spoke about getting more barriers through the Lodging Tax Fund, and not moving barriers before the entire event was over. Chief Albo also stressed the importance of having crossing guards at the intersections for safety. He stated this was a must. They all discussed starting the discussion regarding the 3 on 3 events earlier next year, like February or March. The Committee also suggested to the 3 on 3 group that possibly they could hire Phoenix Patrol or Seattle's Finest to help with policing the event for safety.

Claire Nichols, spokesperson for the event, stated they were ok not having the event this year due to the construction and then starting the discussions earlier next year to make sure the event can take place. They feel like First Street is the best place for this event.

Audrey Casassa stressed the importance of submitting event applications at least 3 months prior to the event.

3. New Business

a. UKC'S Annual Kids Bicycle Safety Rodeo 2024 Event Application

This is an annual event.

Fire Chief Mills has made a few minor changes from previous years.

MOTION: Committee Member Harper made a motion to approve the Upper Kittitas County Kids bicycle safety rodeo event; seconded by Committee Member Cook. MOTION CARRIED: 2 yes 0 no.

Committee Member Harper stated that this would be the type of event to not charge an event fee, as it is a public service type event.

4. Other Committee Comments

None.

5. Adjourn

Meeting was adjourned at 4:13 p.m.

_____ _____

Steven Cook, Chair Debbie Lee, Clerk

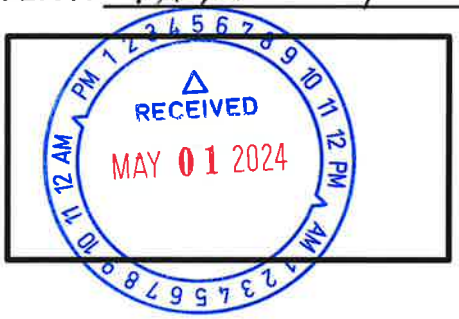
City of Cle Elum
119 West First Street
Cle Elum, WA 98922

Telephone: (509) 674-2262
Fax: (509) 674-4097
www.cityofcleelum.com

EVENT PERMIT APPLICATION

NAME OF EVENT: PARISH PICNIC

Received:



This Event permit is to help the event coordinator and the City of Cle Elum build the best possible events for our community. We know how hard you work on your events and want to make sure that you have all the tools you will need to ensure a great event. Please return this application to the City of Cle Elum City Hall at 119 W First Street.

ADDITIONAL CONTACT INFORMATION:

Kittitas County Public Health Department ..... (509) 962-7515

Kittitas County Chamber of Commerce (promotion) ..... (509) 925-2002

Northern Kittitas County Tribune (newspaper) ..... (509) 674-2511

Washington State Liquor Control Board ..... (206) 764-4020

TYPE OF EVENT

Will your Event have OVER 50 Attendees? No ☐ Yes ☒ If yes, continue to "Major Event".

"Minor Event" (50 and Under)

Will you need any Street Closures? No ☐ Yes ☐ If yes, fill out Full Application.

Will you be putting up any Tents? No ☐ Yes ☐ If yes, fill out Full Application.

Will there be Alcohol served or available? No ☐ Yes ☐ If yes, fill out Full Application.

Do you plan on playing Music at the event? No ☐ Yes ☐ If yes, fill out Full Application.

Will you need to exceed the Noise Ordnance? No ☐ Yes ☐ If yes, fill out Full Application.
See Cle Elum Municipal Code Section 8.12

Will you be cooking on site? No ☐ Yes ☐ If yes, Contact the Cle Elum Fire Department.

Cle Elum Fire Department (509) 674-1748 or (509) 656-4062
Fire Chief Comments: _____

_____

_____

Approved: No ☐ Yes ☐

***NOTE:** During a burn ban you are NOT allowed to use pellets or briquettes.*

"Major Event" (Over 50)

Will you need any Street Closures? No ☒ Yes ☐

Will this event require any Traffic Control Devices or Personal? No ☒ Yes ☐

Will you be putting up any Tents? No ☒ Yes ☐

Will there be Alcohol served or available? No ☒ Yes ☐

Do you plan on playing Music at the event? No ☒ Yes ☐

Will you need to exceed the Noise Ordnance? No ☒ Yes ☐
See Cle Elum Municipal Code Section 8.12

Will you be cooking on site? No ☐ Yes ☒

ALL "Major Events" must complete the Full Permit Application.

EVENT 'FULL PERMIT APPLICATION'

***NOTE: This 'Full Permit Application' requires City approval. A meeting between the event coordinator and all department heads may be required. Please plan accordingly with as much advance notice as possible.**

RETURN TO: Cle Elum City Hall
119 W First St
Cle Elum, WA 98922

Office (509) 674-2262
Fax (509) 674-4097

This permit application must be completed, signed and returned to Cle Elum City Hall along with all pertinent insurance information and diagrams.

Any misrepresentation in this permit application or deviation from the final agreed upon route and /or method of operation described herein, may result in the immediate revocation of the permit.

Please type or print information clearly and attach additional sheets, as necessary. Include a *COMPLETE* description of what the event will be.

EVENT DESCRIPTION:

Event Name St. John Baptist / Immaculate Conception Church Picnic

Event date(s): Aug. 18, 2024 Day(s) of the Week Sunday

Time: 10:AM - 3-4 PM

Event location: Fireman Park

Facilities to be used (check): Park [X] Street [ ] Sidewalk [ ] Private Property [ ]

Set-up: Date 8-18-24 Time 10:AM am / ~~pm~~

Take-Down: Date 8-18-24 Time 4 PM ~~am~~ / pm

Purpose of Event: Church Family Picnic

Event Crowd Size:
Participants ± 75 Spectators _____ Volunteers/~~Personnel~~ Approx 5-7

Has Event been produced previously? No [ ] Yes [X]
If yes, what were the dates? 9-10-2023

Any change from previous years? No [X] Yes [ ] If yes, please list changes on separate sheet.

Please attach a separate sheet listing the schedule and location of events as well as a site map. Site map shall include items such as the location of garbage receptacles, portable bathroom facility, stage, seating, vendors, street closures, etc.

APPLICANT INFORMATION:

Organization Name: Catholic Church Picnic Committe

Mailing Address: ~~Street~~ P.O. Box 630

City Cle Elum State WA Zip: 98922

Applicant's Name: Bill Barschaw Title: Member Chairman

Contact Information: Daytime Phone 509-857-2027

Cell Phone 509-312-9912

Fax 509-857-2022

E-mail bbarschaw@fairpoint.net

Contact Person *During Event*: Name _____

Daytime Phone Same As

Cell Phone Above

Fax _____

E-mail _____

FEES AND PROCEEDS:

Will you charge an admission fee? No ☒ Yes ☐ If yes, how much? _____

Will alcohol be served or available? No ☒ Yes ☐

Will alcohol be sold? No ☒ Yes ☐

***Applicant is responsible for obtaining all required permits from the State of Washington regarding alcohol and must abide by these state and local requirements.**

ENTERTAINMENT AND PROMOTIONS:

Sound system: Acoustic ☐ Amplified ☐

Describe Entertainment: _____

Will there be venders? No ☒ Yes ☐ If yes, each vender must fill out the Vender License Application available at City Hall or approved alternate.

Check type of promotion you plan to use to attract participants:

TV ☐ Radio ☐ Paper ☐ Flyers ☐ Posters ☐ Other ☒ Specify Church Bulletin

STREET CLOSURES:

Is this event going to require any street closures? No ☒ Yes ☐
If Yes, please list streets requested to be closed and attach map, highlighting streets.

List Street(s) _____

INSURANCE INFORMATION:

☒ A Certificate of Liability Insurance MUST be attached to this Event Application. "City of Cle Elum" at 119 W First St., Cle Elum, WA 98922 must be named as "Additional Insured" to all coverage.

TRAFFIC CONTROL AND SECURITY: N/A

Some activities may require traffic control and security. Please attach a separate sheet of paper detailed how your organization will deal with these issues. ☐ See Attached Pages

HOLD HARMLESS AGREEMENT(S):

Hold Harmless Agreement attached: ☒ MUST accompany this Event Permit Application
Parade Hold Harmless Agreement: ☐*Not included in this application; Each Parade Entrant must sign and return to the event coordinator. The event coordinator is responsible for retaining all agreements.

CITY DEPARTMENT COMMENT PAGE:

☐ The following page lists the city departments that will need to be contacted. It is the responsibility of the event planner / applicant to take this form to each department for comments.

I certify under penalty of perjury that the information above is correct to my best knowledge.

Bill Barschaw — Applicant's Signature
4-24-24 — Date
Bill Barschaw — Applicant's Printed Name
Chairman for Picnic — Title

Certificate of Coverage

Date: 4/24/2024

Certificate Holder
Corporation of the Roman Catholic Bishop of Yakima
Chancery Office
P.O. Box 2189
101 South 12th Avenue
Yakima, WA 98902

Covered Location
ST. JOHN THE BAPTIST CHURCH
303 WEST 2ND STREET

CLE ELUM, WA 98922-0000

This Certificate is issued as a matter of information only and confers no rights upon the holder of this certificate. This certificate does not amend, extend or alter the coverage afforded below.

Company Affording Coverage
THE CATHOLIC MUTUAL RELIEF SOCIETY OF AMERICA
10843 OLD MILL RD
OMAHA, NE 68154

Coverages

This is to certify that the coverages listed below have been issued to the certificate holder named above for the certificate indicated, notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the coverage afforded described herein is subject to all the terms, exclusions and conditions of such coverage. Limits shown may have been reduced by paid claims.

	Type of Coverage	Certificate Number	Coverage Effective Date	Coverage Expiration Date	Limits	
	Property				Real & Personal Property	
	D. General Liability ☒ Occurrence ☐ Claims Made	8509	7/1/2024	7/1/2025	Each Occurrence	1,000,000
					General Aggregate	
					Products-Comp/OP Agg	
					Personal & Adv Injury	
					Fire Damage (Any one fire)	
					Med Exp (Any one person)	
	Excess Liability				Each Occurrence	
					Annual Aggregrate	
	Other				Each Occurrence	
					Claims Made	
					Annual Aggregrate	
					Limit/Coverage	

Description of Operations/Locations/Vehicles/Special Items **(the following language supersedes any other language in this endorsement or the Certificate in conflict with this language)**
Immaculate Conception-St. John the Baptist Church's picnic at Fireman Park on August 18, 2024 from 10:00am - 4:00pm.

Holder of Certificate

Additional Protected Person(s)

City of Cle Elum
119 West First Street
Cle Elum, WA 98922

Cancellation

Should any of the above described coverages be cancelled before the expiration date thereof, the issuing company will endeavor to mail 30 **days written notice to the holder of certificate named to the left, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.**

Authorized Representative

0166003513

ENDORSEMENT

(TO BE ATTACHED TO CERTIFICATE)

Effective Date of Endorsement 8/18/2024 Charge Credit

Cancellation Date of Endorsement 8/19/2024

Certificate Holder Corporation of the Roman Catholic Bishop of Yakima Chancery Office P.O. Box 2189 101 South 12th Avenue Yakima, WA 98902

Location ST. JOHN THE BAPTIST CHURCH 303 WEST 2ND STREET CLE ELUM, WA 98922-0000

Certificate No. 8509 of The Catholic Mutual Relief Society of America is amended as follows:

SECTION II - ADDITIONAL PROTECTED PERSON(S)

It is understood and agreed that Section II - Liability (only with respect to Coverage D - General Liability), is amended to include as an ***Additional Protected Person(s)*** the organization(s) shown in the schedule below.

Schedule - ADDITIONAL PROTECTED PERSON(S)

City of Cle Elum
119 West First Street
Cle Elum, WA 98922

Remarks:
Immaculate Conception-St. John the Baptist Church's picnic at Fireman Park on August 18, 2024 from 10:00am - 4:00pm.

However, the following limitations apply to coverage:

1. The maximum limits of coverage provided by Catholic Mutual Relief Society of America to the ***Additional Protected Person(s)*** named in this endorsement shall not exceed the coverage dollar amount specifically required by contract or agreement and agreed to by the ***Protected Person(s)***. In the absence of specific coverage limits within a referenced contract or agreement, the limits of liability afforded to the ***Additional Protected Person(s)*** must be listed on a separate Certificate of Coverage form attached to this endorsement. All limits of liability extended by this endorsement are inclusive of both Section II Coverage D and Section VII coverages (if applicable).
2. Unless specifically agreed to by contract or agreement, the coverage extended to the ***Additional Protected Person(s)*** by this endorsement is excess and non-contributory over any other available coverage or insurance.
3. This endorsement does not apply to any ***Occurrence*** outside the specific date(s) of a facility use agreement or terms of a lease.
4. This endorsement does not extend coverage to the ***Additional Protected Person(s)*** for ***Occurrences*** which cannot be attributed to primary acts or omissions of the ***Protected Person(s)***.
5. Provided that a premises is utilized by the ***Protected Person(s)*** in a manner consistent with its intended purpose and in accordance with the applicable contract, agreement, or lease, this endorsement does not extend coverage to the ***Additional Protected Person(s)*** for premises defects or other ***Occurrences*** which could not be discovered by the ***Protected Person(s)*** with reasonable diligence.
6. The limited coverage afforded to the ***Additional Protected Person(s)*** by this endorsement only applies to the extent permissible by law and shall not apply to non-delegable duties unless specifically agreed to by contract or agreement.

This extension of coverage shall not enlarge the scope of coverage provided to the ***Certificate Holder*** under this Certificate nor increase the limit of liability thereunder. Unless otherwise agreed by contract or agreement, coverage extended under this endorsement to the ***Additional Protected Person(s)*** will not precede the effective date of this endorsement or extend beyond the cancellation date.

HOLD HARMLESS AGREEMENT

This Agreement made this _____ (Day) day of _____ (Month), _____ (Year), between the City of Cle Elum, referred to as "CITY" herein, and Fr. Francisco Higuera (Name) at, PO Box 630 (Mailing Address), Cle Elum (City), WA (State), 98922 (Zip) referred to as "USER" herein.

For the good and valuable consideration, receipt of which is acknowledged, is hereby agreed:

SECTION I

USER undertakes to indemnify CITY from any liability, loss or damage USER may suffer as a result of claims, demands, costs, or judgments against it arising out of the acts, failure to act, or activities that USER conducts under the CITY'S license or permit whether liability, loss or damage is caused by, or arises out of the negligence of USER or its officers, agents, employees or otherwise.

SECTION II

This Agreement shall commence on the date that the CITY issues its license or permit to USER and shall continue in full force until the permit and license expire. Renewal of the permit and/or associated license(s), if any, automatically renews this Agreement. The duty to indemnify the CITY for claims, demands, costs or judgments against it that arise during the Agreement survives the expiration of the Agreement.

SECTION III

CITY agrees to notify USER in writing, within 30 days, by certified mail, at USER'S address as stated in this Agreement, of any claim made against CITY on the obligations indemnified against.

SECTION IV

USER agrees to defend against any claims brought or actions filed against CITY with respect to the subject of the indemnity contained herein, whether such claims or actions are rightfully or wrongfully brought or filed. In case a claim should be brought or an action filed with respect to the subject indemnity herein, USER agrees the CITY may employ an attorney of its own selection to appear and defend the claim or action on behalf of CITY, at the expense of USER. CITY, at its option, shall have the sole authority for the direction of the defense, and shall be the sole judge of the acceptability of any compromiser or settlement of any claims or actions against CITY.

SECTION V

Vouchers or other similar, property evidence showing payment by CITY of any loss, damage, or in expense covered under this Agreement shall be conclusive evidence, (except fraud) against USER as to fact and amount of USER'S liability hereunder.

SECTION VI

USER convents that it shall not institute any action or suit at law or in equity against CITY, nor institute, prosecute or in any way aid in the institution or prosecution of any claim, demand action, or cause of action for damages, costs, loss of services, expenses, or compensation for any damage for any damage, loss or injury either to person or property, or both, whether developed or underdeveloped, resulting or is result, known or unknown, past, present, or future, arising out of activities that USER conducts under a license/permit issued to USER by CITY.

'USER' Signature

Francisco Higuera (Print Name)

Pastor (Title) Catholic Church

RETURN THIS FORM WITH ALL PERTINENT INFORMATION TO CLE ELUM CITY HALL.
YOU WILL BE REQUIRED TO MEET WITH DEPARTMENT HEADS.

CLE ELUM POLICE DEPARTMENT (509) 674-2991

Police Chiefs Conditions: _____

_____

_____

_____

Approved: No ☐ Yes ☐ (with above conditions) (Attach separate sheet if necessary)

Police Signature: _____

PUBLIC WORKS DEPARTMENT (509) 674-2262 Ext. 106

Public Works Conditions: _____

_____

_____

_____

Approved: No ☐ Yes ☐ (with above conditions) (Attach separate sheet if necessary)

Public Works Signature: _____

CLE ELUM FIRE DEPARTMENT (509) 674-1748

Fire Chiefs Conditions: _____

_____

_____

_____

Approved: No ☐ Yes ☐ (with above conditions) (Attach separate sheet, if necessary)

Fire Department Signature: _____

CITY COUNCIL REPRESENTATIVE (509) 674-2473

City Council Representative's Conditions: _____

_____

_____

_____

Approved: No ☐ Yes ☐ (with above conditions) (Attach separate sheet, if necessary)

City Council Signature: _____

_____

CITY ADMINISTRATION (509) 674-2262

Administrator Approval: _____ Date: _____

Email - pamnewberry70@gmail.com

City of Cle Elum
119 West First Street
Cle Elum, WA 98922

Telephone: (509) 674-2262
Fax: (509) 674-4097
www.cityofcleelum.com

EVENT PERMIT APPLICATION

NAME OF EVENT: _____

Received:

RECEIVED
APR 25 2024

This Event permit is to help the event coordinator and the City of Cle Elum build the best possible events for our community. We know how hard you work on your events and want to make sure that you have all the tools you will need to ensure a great event. Please return this application to the City of Cle Elum City Hall at 119 W First Street.

ADDITIONAL CONTACT INFORMATION:

Kittitas County Public Health Department	(509) 962-7515
Kittitas County Chamber of Commerce (promotion)	(509) 925-2002
Northern Kittitas County Tribune (newspaper)	(509) 674-2511
Washington State Liquor Control Board	(206) 764-4020

email acasassa@cle Elum.gov!

TYPE OF EVENT

Will your Event have OVER 50 Attendees? No ☑ Yes ☐ If yes, continue to "Major Event".

"Minor Event" (50 and Under)

Will you need any Street Closures? No ☒ Yes ☐ If yes, fill out Full Application.

Will you be putting up any Tents? No ☒ Yes ☐ If yes, fill out Full Application.

Will there be Alcohol served or available? No ☒ Yes ☐ If yes, fill out Full Application.

Do you plan on playing Music at the event? No ☒ Yes ☐ If yes, fill out Full Application.

Will you need to exceed the Noise Ordnance? No ☒ Yes ☐ If yes, fill out Full Application.
See Cle Elum Municipal Code Section 8.12

Will you be cooking on site? No ☐ Yes ☒ If yes, Contact the Cle Elum Fire Department.

Cle Elum Fire Department (509) 674-1748 or (509) 656-4062
Fire Chief Comments: _____

_____

_____

Approved: No ☐ Yes ☐

NOTE: *During a burn ban you are NOT allowed to use pellets or briquettes.*

"Major Event" (Over 50)

Will you need any Street Closures? No ☐ Yes ☐

Will this event require any Traffic Control Devices or Personnel? No ☐ Yes ☐

Will you be putting up any Tents? No ☐ Yes ☐

Will there be Alcohol served or available? No ☐ Yes ☐

Do you plan on playing Music at the event? No ☐ Yes ☐

Will you need to exceed the Noise Ordnance? No ☐ Yes ☐
See Cle Elum Municipal Code Section 8.12

Will you be cooking on site? No ☐ Yes ☐

ALL "Major Events" must complete the Full Permit Application.

EVENT 'FULL PERMIT APPLICATION'

***NOTE: This 'Full Permit Application' requires City approval. A meeting between the event coordinator and all department heads may be required. Please plan accordingly with as much advance notice as possible.**

RETURN TO: Cle Elum City Hall
119 W First St — Office (509) 674-2262
Cle Elum, WA 98922 — Fax (509) 674-4097

This permit application must be completed, signed, and returned to Cle Elum City Hall along with all pertinent insurance information and diagrams.

Any misrepresentation in this permit application or deviation from the final agreed upon route and /or method of operation described herein, may result in the immediate revocation of the permit.

EVENT DESCRIPTION: Required.

Please attach additional sheets with a *COMPLETE* description of what the event will be.

Event Name HENRY / NEWBERRY REUNION

Event date(s): 8-3-24 Day(s) of the Week SATURDAY

Time: ALL DAY

Event location: GRANT St.

Facilities to be used (check): Park ☒ Street ☐ Sidewalk ☐ Private Property ☐

Set-up: Date 8-3-24 Time _____ am / pm
Take-Down: Date 8-3-24 Time _____ am / pm

Purpose of Event: REUNION

Event Crowd Size:
Participants 30 Spectators _____ Volunteers/Personnel _____

Has Event been produced previously? No ☐ Yes ☒
If yes, what were the dates? 8-19-23
Any change from previous years? No ☒ Yes ☐ If yes, please list changes on separate sheet.

Please attach a separate sheet listing the schedule and location of events as well as a site map. Site map shall include items such as the location of garbage receptacles, portable bathroom facility, stage, seating, vendors, street closures, etc.

APPLICANT INFORMATION:

Organization Name: PAM NEWBERRY / REUNION

Mailing Address: Street 1090 WESTSIDE RD

City CLE ELUM State WA Zip: 98922

Applicant's Name: PAM NEWBERRY Title: SELF

Contact Information: Daytime Phone _____

Cell Phone 509-304-4189

Fax _____

E-mail PAMNEWBERRY70@gmail.com

Contact Person *During Event*: Name SAME

Daytime Phone _____

Cell Phone _____

Fax _____

E-mail _____

FEES AND PROCEEDS:

Will you charge an admission fee? No ☒ Yes ☐ If yes, how much? _____

Will alcohol be served or available? No ☒ Yes ☐

Will alcohol be sold? No ☒ Yes ☐

***Applicant is responsible for obtaining all required permits from the State of Washington regarding alcohol and must abide by these state and local requirements.**

ENTERTAINMENT AND PROMOTIONS:

Sound system: Acoustic ☐ Amplified ☐

Describe Entertainment: _____

Will there be venders? No ☒ Yes ☐ If yes, each vender must fill out the Vender License Application available at City Hall or approved alternate.

Check type of promotion you plan to use to attract participants:

TV ☐ Radio ☐ Paper ☐ Flyers ☐ Posters ☐ Other ☐ Specify _____

STREET CLOSURES:

Is this event going to require any street closures? No ☒ Yes ☐
If Yes, please list streets requested to be closed and attach map, highlighting streets.

List Street(s) _____

INSURANCE INFORMATION:

☑ A Certificate of Liability Insurance MUST be attached to this Event Application. "City of Cle Elum" at 119 W First St., Cle Elum, WA 98922 must be named as "Additional Insured" to all coverage.

TRAFFIC CONTROL AND SECURITY:

Some activities may require traffic control and security. Please attach a separate sheet of paper detailed how your organization will deal with these issues. ☐ See Attached Pages

HOLD HARMLESS AGREEMENT(S):

Hold Harmless Agreement attached: ☐ MUST accompany this Event Permit Application
Parade Hold Harmless Agreement: ☐*Not included in this application; Each Parade Entrant must sign and return to the event coordinator. The event coordinator is responsible for retaining all agreements.

CITY DEPARTMENT COMMENT PAGE:

☐ The following page lists the city departments that will need to be contacted. It is the responsibility of the event planner / applicant to take this form to each department for comments.

I certify under penalty of perjury that the information above is correct to my best knowledge.

Pam Newberry — 4-22-24
Applicant's Signature — Date

PAM NEWBERRY — ———
Applicant's Printed Name — Title

HOLD HARMLESS AGREEMENT

This Agreement made this _____ day of _____, _____, between the City of
Day Month Year
Cle Elum, referred to as "CITY" herein, and _____ at,
Name
_____, _____, _____, _____ referred to as "USER" herein.
Mailing Address City State Zip

For the good and valuable consideration, receipt of which is acknowledged, is hereby agreed:

SECTION I

USER undertakes to indemnify CITY from any liability, loss or damage USER may suffer as a result of claims, demands, costs, or judgments against it arising out of the acts, failure to act, or activities that USER conducts under the CITY'S license or permit whether liability, loss or damage is caused by, or arises out of the negligence of USER or its officers, agents, employees or otherwise.

SECTION II

This Agreement shall commence on the date that the CITY issues its license or permit to USER and shall continue in full force until the permit and license expire. Renewal of the permit and/or associated license(s), if any, automatically renews this Agreement. The duty to indemnify the CITY for claims, demands, costs or judgments against it that arise during the Agreement survives the expiration of the Agreement.

SECTION III

CITY agrees to notify USER in writing, within 30 days, by certified mail, at USER'S address as stated in this Agreement, of any claim made against CITY on the obligations indemnified against.

SECTION IV

USER agrees to defend against any claims brought or actions filed against CITY with respect to the subject of the indemnity contained herein, whether such claims or actions are rightfully or wrongfully brought or filed. In case a claim should be brought or an action filed with respect to the subject indemnity herein, USER agrees the CITY may employ an attorney of its own selection to appear and defend the claim or action on behalf of CITY, at the expense of USER. CITY, at its option, shall have the sole authority for the direction of the defense, and shall be the sole judge of the acceptability of any compromiser or settlement of any claims or actions against CITY.

SECTION V

Vouchers or other similar, property evidence showing payment by CITY of any loss, damage, or in expense covered under this Agreement shall be conclusive evidence, (except fraud) against USER as to fact and amount of USER'S liability hereunder.

SECTION VI

USER convents that it shall not institute any action or suit at law or in equity against CITY, nor institute, prosecute or in any way aid in the institution or prosecution of any claim, demand action, or cause of action for damages, costs, loss of services, expenses, or compensation for any damage for any damage, loss or injury either to person or property, or both, whether developed or underdeveloped, resulting or is result, known or unknown, past, present, or future, arising out of activities that USER conducts under a license/permit issued to USER by CITY.

Pam Newberry PAM NEWBERRY _____
'USER' Signature Print Name Title

Special Event Certificate of Insurance

COUNTRY Mutual Insurance Company®
PO Box 2100, Bloomington, IL 61702-2100

NEWBERRY

Insurance Office
46002

Issued at the Request of:

Name
CITY OF CLE ELUM

Street Address	City, State, Zip
119 West First Street	CLE ELUM WA 98922

Name and Address of Insured:

Name
PAM NEWBERRY

Street Address	City, State, Zip
1090 Westside Rd	CLE ELUM WA 98922

Property Location Description

Certificate Effective Date 2024-08-03

This Special Event Certificate of Insurance is to certify that policies shown in the schedule below, issued to the person or entity named as insured in this form, are in force on the effective date above. The limits shown here for this special event apply only on the effective date above, if these limits are different than the current limits shown on the policies. This Special Event Certificate of Insurance is for informational purposes only and does not otherwise amend, extend, or alter the coverage of any policy, terms, exclusions, and conditions afforded by the policies referenced herein.

Type of Policy	Policy No.	Liability Limit (Each Occurrence)	Medical (Each Person)	Medical Payment Limits (Each Occurrence)
HOMEOWNERS	AK4520451	1000000	25000	125000

This coverage is available as defined in the Additional Insured Endorsement.

No

2024-04-25
Date

Authorized Representative

RETURN THIS FORM WITH ALL PERTINENT INFORMATION TO CLE ELUM CITY HALL.
YOU WILL BE REQUIRED TO MEET WITH DEPARTMENT HEADS.

CLE ELUM POLICE DEPARTMENT (509) 674-2991

Police Chiefs Conditions: _____

_____

_____

_____

Approved: No ☐ Yes ☐ (with above conditions) (Attach separate sheet if necessary)

Police Signature: _____

PUBLIC WORKS DEPARTMENT (509) 674-2262 Ext. 106

Public Works Conditions: _____

_____

_____

_____

Approved: No ☐ Yes ☐ (with above conditions) (Attach separate sheet if necessary)

Public Works Signature: _____

CLE ELUM FIRE DEPARTMENT (509) 674-1748

Fire Chiefs Conditions: _____

_____

_____

_____

Approved: No ☐ Yes ☐ (with above conditions) (Attach separate sheet, if necessary)

Fire Department Signature: _____

CITY COUNCIL REPRESENTATIVE (509) 674-2473

City Council Representative's Conditions: _____

_____

_____

_____

Approved: No ☐ Yes ☐ (with above conditions) (Attach separate sheet, if necessary)

City Council Signature: _____

_____

CITY ADMINISTRATION (509) 674-2262

Administrator Approval: _____ Date: _____

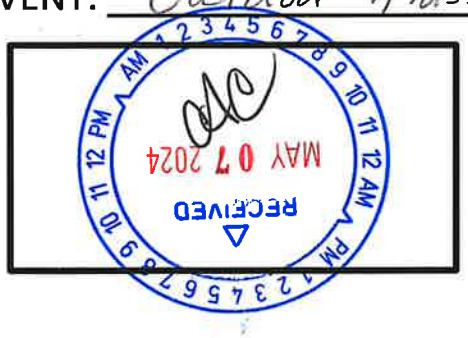
City of Cle Elum
119 West First Street
Cle Elum, WA 98922

Telephone: (509) 674-2262
Fax: (509) 674-4097
www.cityofcleelum.com

EVENT PERMIT APPLICATION

NAME OF EVENT: Outdoor Mass for Corpus Christi

Received:



This Event permit is to help the event coordinator and the City of Cle Elum build the best possible events for our community. We know how hard you work on your events and want to make sure that you have all the tools you will need to ensure a great event. Please return this application to the City of Cle Elum City Hall at 119 W First Street.

ADDITIONAL CONTACT INFORMATION:

Kittitas County Public Health Department ..... (509) 962-7515

Kittitas County Chamber of Commerce (promotion) ..... (509) 925-2002

Northern Kittitas County Tribune (newspaper) ..... (509) 674-2511

Washington State Liquor Control Board ..... (206) 764-4020

EVENT 'FULL PERMIT APPLICATION'

***NOTE: This 'Full Permit Application' requires City approval. A meeting between the event coordinator and all department heads may be required. Please plan accordingly with as much advance notice as possible.**

RETURN TO: Cle Elum City Hall
119 W First St
Cle Elum, WA 98922

Office (509) 674-2262
Fax (509) 674-4097

This permit application must be completed, signed and returned to Cle Elum City Hall along with all pertinent insurance information and diagrams.

Any misrepresentation in this permit application or deviation from the final agreed upon route and /or method of operation described herein, may result in the immediate revocation of the permit.

Please type or print information clearly and attach additional sheets, as necessary. Include a *COMPLETE* description of what the event will be.

EVENT DESCRIPTION:

Event Name Outdoors Mass Celebration.

Event date(s): June 2nd 2024 Day(s) of the Week Sunday

Time: 10:00 a.m. t. 12:00 noon

Event location: "Y" Park Cle Elum.

Facilities to be used (check): Park ☑ Street ☑ Sidewalk ☑ Private Property ☐

Set-up: Date 6-2-2024 Time 9am am / pm

Take-Down: Date 6-2-2024 Time 12 pm am / pm

Purpose of Event: "Corpus Christi" Catholic Community Celebration.

Event Crowd Size:

Participants 150 people Spectators _____ Volunteers/~~Personnel~~ 25

Has Event been produced previously? No ☒ Yes ☐

If yes, what were the dates? _____

Any change from previous years? No ☐ Yes ☐ If yes, please list changes on separate sheet.

Please attach a separate sheet listing the schedule and location of events as well as a site map. Site map shall include items such as the location of garbage receptacles, portable bathroom facility, stage, seating, vendors, street closures, etc.

Wendy Hill acctdept.stjohns@gmail
509 674-8463

STREET CLOSURES:

Is this event going to require any street closures? No ☑ Yes ☐
If Yes, please list streets requested to be closed and attach map, highlighting streets.

List Street(s) _____

INSURANCE INFORMATION:

☑ A Certificate of Liability Insurance MUST be attached to this Event Application. "City of Cle Elum" at 119 W First St., Cle Elum, WA 98922 must be named as "Additional Insured" to all coverage.

TRAFFIC CONTROL AND SECURITY: N/A

Some activities may require traffic control and security. Please attach a separate sheet of paper detailed how your organization will deal with these issues. ☐ See Attached Pages

HOLD HARMLESS AGREEMENT(S):

Hold Harmless Agreement attached: ☒ MUST accompany this Event Permit Application
Parade Hold Harmless Agreement: ☐*Not included in this application; Each Parade Entrant must sign and return to the event coordinator. The event coordinator is responsible for retaining all agreements.

CITY DEPARTMENT COMMENT PAGE:

☐ The following page lists the city departments that will need to be contacted. It is the responsibility of the event planner / applicant to take this form to each department for comments.

I certify under penalty of perjury that the information above is correct to my best knowledge.

Wendy Hill — Applicant's Signature
5/7/2024 — Date
Wendy Hill — Applicant's Printed Name
Parish Bookkeeper — Title

Certificate of Coverage

Date: 5/7/2024

Certificate Holder
Corporation of the Roman Catholic Bishop of Yakima
Chancery Office
P.O. Box 2189
101 South 12th Avenue
Yakima, WA 98902

This Certificate is issued as a matter of information only and confers no rights upon the holder of this certificate. This certificate does not amend, extend or alter the coverage afforded below.

Company Affording Coverage
THE CATHOLIC MUTUAL RELIEF SOCIETY OF AMERICA
10843 OLD MILL RD
OMAHA, NE 68154

Covered Location
ST. JOHN THE BAPTIST CHURCH
303 WEST 2ND STREET

CLE ELUM, WA 98922-0000

Coverages

This is to certify that the coverages listed below have been issued to the certificate holder named above for the certificate indicated, notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the coverage afforded described herein is subject to all the terms, exclusions and conditions of such coverage. Limits shown may have been reduced by paid claims.

	Type of Coverage	Certificate Number	Coverage Effective Date	Coverage Expiration Date	Limits	
	Property				Real & Personal Property	
	D. General Liability				Each Occurrence	1,000,000
	☒ Occurrence	8509	7/1/2023	7/1/2024	General Aggregate	
	☐ Claims Made				Products-Comp/OP Agg	
					Personal & Adv Injury	
					Fire Damage (Any one fire)	
					Med Exp (Any one person)	
	Excess Liability				Each Occurrence	
					Annual Aggregrate	
	Other				Each Occurrence	
					Claims Made	
					Annual Aggregrate	
					Limit/Coverage	

Description of Operations/Locations/Vehicles/Special Items (the following language supersedes any other language in this endorsement or the Certificate in conflict with this language)
Coverage only extends for claims arising out of St. John the Baptist Church's Outdoor Mass Celebration at "Y" Park on June 2, 2024 from 9:00am - 12:00pm.

Holder of Certificate
Additional Protected Person(s)

City of Cle Elum
119 West First Street
Cle Elum, WA 98922

Cancellation
Should any of the above described coverages be cancelled before the expiration date thereof, the issuing company will endeavor to mail 30 days written notice to the holder of certificate named to the left, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.

Authorized Representative

0166003517

RETURN THIS FORM WITH ALL PERTINENT INFORMATION TO CLE ELUM CITY HALL.
YOU WILL BE REQUIRED TO MEET WITH DEPARTMENT HEADS.

CLE ELUM POLICE DEPARTMENT (509) 674-2991

Police Chiefs Conditions: _____

_____

_____

_____

Approved: No ☐ Yes ☐ (with above conditions) (Attach separate sheet if necessary)

Police Signature: _____

PUBLIC WORKS DEPARTMENT (509) 674-2262 Ext. 106

Public Works Conditions: _____

_____

_____

_____

Approved: No ☐ Yes ☐ (with above conditions) (Attach separate sheet if necessary)

Public Works Signature: _____

CLE ELUM FIRE DEPARTMENT (509) 674-1748

Fire Chiefs Conditions: _____

_____

_____

_____

Approved: No ☐ Yes ☐ (with above conditions) (Attach separate sheet, if necessary)

Fire Department Signature: _____

CITY COUNCIL REPRESENTATIVE (509) 674-2473

City Council Representative's Conditions: _____

_____

_____

_____

Approved: No ☐ Yes ☐ (with above conditions) (Attach separate sheet, if necessary)

City Council Signature: _____

_____

CITY ADMINISTRATION (509) 674-2262

Administrator Approval: _____ Date: _____

2024 Lodging Tax Fund Application

Name of Applicant: Upper Kittitas County Senior Center and Bonlet Theatre Productions

Name of Event: Community Theatre and Dinner Theatre Project: Enhancing Arts and Culture in a Rural Setting.

Date Received: 4-10-24

Received By:

City of Cle Elum
119 West First Street
Cle Elum, WA 98922
509-674-2262

Lodging Tax Funds – General Information

The City of Cle Elum imposes a lodging tax assessed on the sale or charge made for furnishings of lodging according to RCW 67.28.180 and RCW 67.28.181. The committees' purpose is to advise and recommend to the legislative authority of the city how excise taxes on lodging should be allocated to support tourism which in turn generates revenue.

Uses According to Law:
According to State Statute funds awarded under this process may be used for the following:

1. Tourism marketing;
2. The marketing and operations of special events and festivals designed to attract tourists;
3. Supporting the operations of tourism-related facilities owned or operated by nonprofit organizations described under 26 U.S.C. Sec. 501 (c) (3) and 26 U.S.C. Sec. 501 (c) (6) of the internal revenue code of 1986, as amended.

Definitions included in state law which should be considered in any application requesting funding include:

(1) **Tourism** means economic activity resulting from tourists, which may include sales of overnight lodging, meals, tours, gifts, or souvenirs.

(2) **Tourism promotion** means activities, operations, and expenditures designed to increase tourism, including but not limited to advertising, publicizing, or otherwise distributing information for the purpose of attracting and welcoming tourists; developing strategies to expand tourism; operating tourism promotion agencies; and funding marketing or the operation of special events and festivals designated to attract tourists.

(3) **Tourism-related facility** means real or tangible personal property with a usable life of three or more years, or constructed with volunteer labor that is: (a) (i) Owned by a public entity; (ii) owned by a nonprofit organization described under section 501 (c) (3) of the federal internal revenue code of 1986, as amended; or (iii) owned by a nonprofit organization described under section 501 (c) (6) of the federal internal revenue code of 1986, as amended, a business organization, destination marketing organization, main street organization, lodging association, or chamber of commerce and (b) used to support tourism, performing arts, or to accommodate tourist activities.

Review Process:
The Committee will review grant applications and award lodging tax funds for special events and festivals.

The Committee will compile the score sheets, rankings, and funding recommendations for further consideration.

Self-Sustaining is being able to provide for your own needs without the assistance of grant funds.

Supports County as a Tourism Destination means including strategies within your proposal which will assist in attracting tourists to our County during times of the year other than for your project/event alone. This may include cross-promotion agreements with other projects/events, it may include active marketing of other projects/events at your project/event, it may include referring attendees directly to other tourist opportunities in Kittitas County, etc.

Year-round means a project or event is ongoing and actively working to attract tourists for at least 6 months, and at least 3 seasons (Spring, Summer, Fall, Winter).

Applicant Categories and Eligibility:

Grants from lodging tax funds are provided for two types of applicants, New Projects/Events and Ongoing Event Support. An organization may only apply for funding from one category per year. The categories are defined as follows:

The **New Project/Events** category is for applications from events/projects which are within the first three years of existence. Applications may be considered in this category from established events (older than four years) which are proposing a new or expanded project designed to increase tourism as part of an ongoing event.

The **Ongoing Project/Event Support** category is for applications from established events (ongoing for more than four years) which may request continuing support. Grant awards are limited in this category to no greater than 10% of the event's expense budget. This category includes project/events which may be operating under a new board or organization, moving venues, changing dates, or implementing other non-substantial changes to a project/event which is ongoing for more than four years.

Other Information:

Insurance: As part of its contract for performance, a municipality may require contractors to maintain liability insurance in the amount of $1,000,000 or more and name the municipality as an additional insured on its liability insurance policy.

Application Form: This packet is available at:

City of Cle Elum
119 West First Street
Cle Elum, WA 98922

Grant Preferences:

In the review of applications, the Lodging Tax Advisory Committee or designees will grant preference to those proposals which (1) increase tourism, and (2) demonstrate ability toward eventual self-sustainability. **Applications from non-for-profit organizations will be given preference over those from for-profit entities.**

Guidelines and Requirements for Advertising Expenditures of Lodging Tax:

Branding

Contractors who have been approved to utilize grant awards for advertising expenditures must incorporate appropriate City of Cle Elum information as follows:

A. Websites and Social Media Sites must include the City's tourism website logo with an operational link to the site(s). The logo must be displayed on the contractor's home page, it must be sized no smaller than ½ inch in height, and must be surrounded by appropriate white space to allow easy recognition and legibility. Contractors shall not change the logo(s) in color or appearance.

B. Print Advertising and Online Display Advertising of all types (including but not limited to newspaper, periodicals, flyers, posters, billboards, direct mail, e-newsletters, third-party websites, streaming displays, etc.) and must include the City's tourism

C. Online Advertising:

1. Online advertising and promotion may be reimbursed at 100% of the cost, including any production cost.

2. Streamed media (radio, television, other) requests for reimbursement must include a statement from the media provider specifying the percentage of recipients which are outside of Kittitas County. Reimbursements will be allowed for the percentage distributed outside of Kittitas County, including any production costs.

D. Direct Mail:

1. Direct mail advertising may be reimbursed at 100% of the cost, including any production cost, for each item mailed or shipped to a destination outside of Kittitas County. In order to receive reimbursement, a list of the addresses and a signed statement from the contractor that the list is accurate, or other proof of delivery, must be provided along with other required documentation.

E. Flyers/Posters:

1. Flyers or posters which are placed outside of Kittitas County may be reimbursed at 100% of the cost, including any production cost. In order to receive reimbursement, a list of the locations where flyers or posters were posted outside of Kittitas County and a signed statement from the contractor that the list is accurate must be provided along with other required documentation.

F. Radio Advertising:

1. Radio advertising placed with any media provider located outside of Kittitas County may be reimbursed at 100% of the cost, including any production cost.

2. Radio advertising placed with any media provider located inside of Kittitas County may be reimbursed as follows:

    a. For date-specific events, advertising the day of the event and up to 7 days prior to the event may be reimbursed at 100% of the cost, including any production cost.

    b. For seasonal or year-round events, or for date-specific events outside of the time-frame in Section 2 F, 2(a) above, advertising may be reimbursed at the rate of 30% of the total cost, including any production costs.

APPLICATION FOR LODGING TAX GRANT FUNDING

Application Year: 2024

Name of Organization: Upper Kittitas County Senior Center and Boulet Theatre Productions

Organization mailing address: P.O. Box 877
Cle Elum, WA 98922

Organization contact person & title: Lori Nevin
Executive Director

Organization/contact phone: 509-674-7530

Email: centerdir23@gmail.com

Organization Website: centennial-center.org

Federal Tax ID Number: 91-1527674 UBI Number: 601 342 459

Organization is a (select one):

- [ ] Government Entity
- [X] 501(c)3
- [ ] 501(c)6
- [ ] Other _____

(note: you must submit 501(c)3 or 501(c)6 approval documentation – see sample document)

Project/Event Name: Community Theatre and Dinner Theatre

Project/Event Date: July 5-8, 2024

Project/Event Location: Centennial Center

Amount of Funding Requested: $2,500.00

For which funding category do you qualify (check one) (see instructions for definitions):

- [X] New Project/Event
- [ ] Ongoing Project/Event Support

Estimated # of overnight stays: 100

Tourism Seasons: From the list below, what season will your project enhance tourism? Please indicate the appropriate season.

	Season:	Months:
[ ]	Year-round	January – December
[ ]	Off season	November – February
[ ]	Shoulder season	October or March - May
[X]	High season	June – September

APPLICATION QUESTIONS

Please answer each question completely, in the order listed, on a separate sheet attached to this application. Please include any supporting data within the response narrative.

1. Please provide a description of your project/event and identify the specific tourism audience/market that your organization will target with these funds. You must include an itemized list of exactly how any grant funds awarded will be utilized.

2. Please provide the following estimates of how any money received will result in increases in the number of people traveling for business or pleasure on a trip:
    I. Away from their place of residence or business and staying overnight in paid accommodations;
    II. To a place fifty miles or more away from their place of residence or business for the day or staying overnight; or
    III. From another country or state outside of their place of residence or business.

    You must provide the evidence utilized in determining your projections.

3. What tools will you use to measure your event's impact on tourism? Please be specific and provide examples. Include the following information:
    I. Is your project/event year-round or is it seasonal or date-specific?
    II. What strategies will you employ to assure you are attracting tourists from at least 50 miles away?
    III. What strategies will you use to assist in marketing all of Kittitas County as a tourist destination with your event/project funding request?

4. Does your organization have, or have you applied for, grant funding from other sources? If not, why not? If yes, please list the available funding you have for the project, including any volunteer and in-kind sources, and/or the sources and amounts for which you have applied. Please note which funding sources are secured and in hand so a true matching fund determination may be determined. What changes would occur if the project couldn't be funded?

5. If your organization collaborates or has created partnerships with other organizations, other groups, or other events to cross-promote in an effort to encourage county-wide tourism, how is this accomplished?

6. Please explain what plans exist to allow this project to become self-sustaining. Include any plans for ticket sales, event sponsors, and other cost-recovery models.

7. **Additional information:** Provide any additional information which will assist the Committee in evaluating your project and its benefit to tourism. Please limit any additional written information to one page and any other additional attachments to 3 pages.

8. **Project Budget:** Please attach a copy of the complete budget for this project/proposal. If your agency operates independently of this project application it may not be

necessary to submit the entire agency budget. You must submit a budget which specifically pertains to the project/event for which you are requesting funding and adheres to the basic budget format shown below.

The budget must include anticipated revenues, expenditures, and any potential profit or loss. For projects/events which are ongoing for more than 1 year, please also submit actuals from the previous three years of operations for the project/proposal if applicable. Also, please supply any narratives necessary to understand the budget being submitted and list separately any in-kind or volunteer contributions.

Please assure your budget, and actuals from previous years (if applicable), are in the following basic format:

Revenues:
- Cash
- Donations/Sponsorships
- Sales
- Vendor Fees
- Grants
- Etc.

Total Revenues

In-Kind Contributions:
- Volunteer Labor
- Donated Services
- Donated Materials
- Etc.

Total In-kind

Expenses:
- Venue
- Insurance
- Services
- Advertising
- Security
- Etc.

Total Expenses

Profit/Loss (Revenue less Expenses)

9. Has your event received Lodging Tax funds in previous years?
Yes ☐ No ☒

If yes, please list each year and the amount received for that year.

All applicants must also provide the following information regarding the event/project:

	Prior Year	Projected
A. How many participants and spectators attended last year's activity and/or will attend this year?	150	500

B. How many days did/will your event occur? 4 4

C. How many room nights were and /or will be booked as a result of your project/event?
(You must provide a verifiable source of information as evidence for your response to item C. Failure to do so will disqualify your application.) 0 100

10. **Application Certification:**

The applicant here certifies and affirms: 1. That it does not now, nor will it during the performance of any contract arising from this application, unlawfully discriminate against any employee, applicant for employment, client, customer, or other person who might benefit from said contract, by reason of age, race, color, ethnicity, sex, religion, military status, sexual orientation, creed, place of birth, or disability; 2. That it will abide by all relevant local, state and federal laws and regulations and; 3. That it has read the information contained in the Instructions on pages 1 and 2 and understands and will comply with all provisions thereof.

Certified by:
(signature) Lori Nevin Or sign here:
(print name) Lori Nevin
Title: Executive Director
Date: 4/8/2024

Lodging Tax

Grant Application Rating Form

Criteria	Points Possible	Application Questions	Points Awarded
Partnerships	5 Yes = 5 No = 0	Question 5	
Length of Impact	15 Date specific = 5 Seasonal = 10 Year Round = 15	Question 3	
Attracts Tourists from at least 50 miles away	15 yes = up to 15 No = 0	Question 3	
Supports County as Tourism Destination	15 yes = up to 15 No = 0	Question 2, 3, 5, 7	
Attributable Lodging Stays	20 0 = 0 1-30 = 5 31-100 = 10 101-250 = 15 More than 250 = 20	Question 9	
Applicant's Matching Funds	20 Less than 5% = 0 5% - 25% = 5 25% - 49% = 10 50% - 99% = 15 100% or more = 20	Question 4, 8	
Sustainable Future Funding Identified	10 yes = 10 No = 0	Question 6	

Total Points: _____ / 100

Applicant Checklist

For applicant use prior to submission

- [X] My application title page states: Request for Proposals, Lodging Tax Fund (YEAR).
- [X] My application is for a new project/event and/or for an ongoing project/event as defined on page 2 of the application packet.
- [X] I have attached proof of non-profit status if applicable which matches the sample document provided.
- [X] I have included an itemized list in response to item 1 in the application of how any grant funds awarded will be utilized.
- [X] I have attached additional information in response to item 7 in the application, if needed, which includes written information limited to one page and other attachments limited to three pages.
- [X] I have attached a project budget, properly formatted according to item 8 in the application.
- [N/A] If this event is ongoing for more than one year, I have also submitted actual financial data from the previous three years if applicable, formatted properly according to item 8 in the application.
- [X] The application certification in item 10 is signed and dated by the proper authority.
- [X] I have included one copy of the entire original application according the submittal instructions on page 4.
- [X] My application is being delivered to:

City of Cle Elum
119 West First Street
Cle Elum, WA 98922

Submission Checklist

For office use only

Please mark "yes" or "no" to each criteria below:

- ☐ Applicant filled out the proper application version for this grant cycle.
- ☐ Applicant answered each question.
- ☐ A budget is attached which includes revenues, expenses and anticipated profit or loss (plus previous 3 years actuals for ongoing projects/events).
- ☐ The applicant has signed and dated the certification statement required in item 10 of the application.
- ☐ The application was submitted on time.
- ☐ Proof of non-profit status is included (if applicable).

Please date stamp the application and initial.

LODGING TAX EXPENDITURE REPORT
CITY OF CLE ELUM (JLARC)

ACTIVITY INFORMATION:

Year: _____ **Organization:** _____

Activity Name: _____ **Activity Type:** Event/Festival ◯ Marketing ◯ Facility ◯

Event/Festival- encompasses specific activities such as fairs, festivals, celebrations, etc.
Marketing- encompasses activities which advertise the municipality or town (if lodging tax funds were used to advertise for a specific event/festival, this expenditure falls under the "Event/Festival" category).
Facility- encompasses activities related to facility acquisition, upkeep, renovation, etc.

Start Date:_____ **End Date:**_____

Funds Requested: _____ **Funds Awarded:**_____

Total Activity Cost: _____

Notes:

OVERALL ATTENDANCE:

*Organizations should provide an estimate of the predicted attendance and a *method for determining the actual attendance. If lodging tax funds were used for an activity not expected to generate measurable attendance (such as a general marketing campaign or an expenditure related to facility upkeep), leave the field blank and use the Notes section to explain.*

Predicted: _____ **Actual:** _____

***Method:** _____
(See explanation of Method on last page)

Please Explain: *Enter notes about the specific type of method used to determine the attendance count (such as vehicle counts, etc.).*

ATTENDANCE 50+ MILES:

Determine the number of people who traveled more than 50 miles to attend the activity and select the method to tell us how the attendance was quantified.

Predicted: _____ **Actual:** _____

***Method:** _____

LODGING TAX EXPENDITURE REPORT
CITY OF CLE ELUM (JLARC) Continued

Please Explain: *Enter notes about the specific type of method used to determine the attendance 50+ miles count (such as surveys or hotel room reservations, etc.).*

ATTENDANCE OUT OF STATE, OUT OF COUNTRY: *(number of people)*

Predicted: _____ **Actual:**_____

***Method:**_____

Please Explain: *Enter notes about the specific type of method used to determine the attendance count (such as vehicle counts, hotel room reservations, etc.).*

ATTENDANCE PAID FOR OVERNIGHT LODGING:

Enter the total number of people who paid for overnight lodging while attending the activity. Organizations using lodging tax funds should quantify this figure and a method for determining it. If lodging tax funds were used for an activity not expected to generate measurable attendance (such as a general marketing campaign or an expenditure related to facility upkeep), leave the field blank and use the Notes section to explain.

Predicted: _____ **Actual:**_____

***Method:**_____

Please Explain: *Enter notes about the specific type of method used to determine the attendance count (such as vehicle counts, hotel room reservations, etc.).*

PAID LODGING NIGHTS:

Enter the total number of lodging nights associated with this activity. A lodging night is one or more persons occupying a room for a single night. Organizations using lodging tax funds should quantify this figure and select the method used to determine it.

Predicted: _____ **Actual:**_____

***Method:** _____

Please Explain: *Enter notes about the specific type of method used to determine the number of lodging nights (hotel room reservations,interviews, raffle, etc.).*

***Method**: Select the method used to determine the overall attendance from these categories to tell us how the overall attendance was quantified.

- **Direct Count**: Actual count of visitors using methods such as paid admissions or registrations, clicker counts at entry points, vehicle counts or number of chairs filled. A direct count may also include information collected directly from businesses, such as hotels, restaurants or tour guides, likely to be affected by an event.
- **Indirect Count**: Estimate based on information related to the number of visitors such as raffle tickets sold, redeemed discount certificates, brochures handed out, police requirements for crowd control or visual estimates.
- **Representative Survey**: Information collected directly from individual visitors/participants. A representative survey is a highly structured data collection tool, based on a defined random sample of participants, and the results can be reliably projected to the entire population attending an event and includes margin of error and confidence level.
- **Informal Survey**: Information collected directly from individual visitors or participants in a nonrandom manner that is not representative of all visitors or participants. Informal survey results cannot be projected to the entire visitor population and provide a limited indicator of attendance because not all participants had an equal chance of being included in the survey.
- **Structured Estimate**: Estimate produced by computing known information related to the event or location. For example, one jurisdiction estimated attendance by dividing the square footage of the event area by the international building code allowance for persons (3 square feet)
- **Please Explain**: Enter notes about the specific type of method used to determine the attendance count (such as vehicle counts, raffle tickets sold, etc.). You may also enter N/A or Other.

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P. O. Box 877, Cle Elum, WA 98922
http://centennial-center.org
509-674-7530, centerdir23@gmail.com

1. **Please provide a description of your project/event and identify the specific tourism audience/market that your organization will target with these funds. You must include an itemized list of exactly how any grant funds awarded will be utilized.**

The Event/Project Name:
Community Theatre and Dinner Theater Project to Enhance Arts and Culture in a Rural Setting

The Community Theater and Dinner Theater project within our beautiful rural community presents an opportunity to enrich the cultural fabric of our community's annual Pioneer Days and Independence Day celebrations.

This project fosters a new partnership between Boulet Theatre Productions and the Upper Kittitas County Senior Center with an aim to expand the capacity of the existing community theater group and add a dinner theater experience. The partnership will foster the arts and increase engagement. The project aims to expand the economic growth for Pioneer Days and the Upper Kittitas County businesses by bringing additional tourists and providing tourists and the community with this additional event.

The grant will provide funding to bring this project to the community especially with grant funds will to advertise the Theatre Productions more widely. We will advertise in the Wenatchee World, Yakima Herald and the Daily Record. The advertising to a wider audience reaching outside Kittitas County will bring tourists to our community, not just for the Theatre, but for businesses and organizations participating in Pioneer Days. Grant funds will flow to another community business, the Northern Kittitas County Tribune for graphic design services. The advertising, posters, online promotions will be professional and attract attendance.

2. **Please provide the following estimates of how any money received will result in increases in the number of people traveling for business or pleasure on a trip:**
   i. **Away from their place of residence or business and staying overnight in paid accommodations;**
   Results: Family, friends, and tourists from outside of Upper Kittitas County will be coming to the productions. No historical data has ever been collected to provide evidence for projections. We plan to capture the zip codes for every ticket sold to report on the actual economic impact of this project.

   ii. **To a place fifty miles or more away from their place of residence or business for the day or staying overnight;**
   Results: Family, friends, and tourists from outside of Upper Kittitas County will be coming to the productions. No historical data has ever been collected to provide evidence for projections. We plan to capture the zip codes for every ticket sold to report on the actual economic impact of this project.

   iii. **or From another country or state outside of their place of residence or business.**
   Results: Family, friends, and tourists from outside of Upper Kittitas County will be coming to the productions. No historical data has ever been collected to provide evidence for

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projections. We plan to capture the zip codes for every ticket sold to report on the actual economic impact of this project.

You must provide the evidence utilized in determining your projections.

3. **What tools will you use to measure your event's impact on tourism? Please be specific and provide examples. Include the following information:**
   i. **Is your project/event year-round or is it seasonal or date-specific?**
   Seasonal and date specific.

   ii. **What strategies will you employ to assure you are attracting tourists from at least 50 miles away?**
   Advertising, promotion, and our online marketing will be done in Grant, Yakima, Douglas, King, and Chelan Counties and through the State of Washington Tourism site. We will submit press releases to radio stations, online calendars of events, chambers of commerce, and regional newspapers.

   iii. **What strategies will you use to assist in marketing all of Kittitas County as a tourist destination with your event/project funding request?**
   Advertising and promotional materials will include information about Pioneer Days events to encourage overnight stays and making the visit a weekend destination.

4. **Does your organization have, or have you applied for, grant funding from other sources? If not, why not? If yes, please list the available funding you have for the project, including any volunteer and in-kind sources, and/or the sources and amounts for which you have applied. Please note which funding sources are secured and in hand so a true matching fund determination may be determined. What changes would occur if the project couldn't be funded?**
   Yes.

   We have applied for a grant from the State of Washington Tourism for the Arts and Culture Grant. We will apply for a micro-grant from the Kittitas County Chamber of Commerce when it opens for applications.

   No grant funds have yet been secured.

   If the project cannot be funded through grants, the project will go forward anyway. The partners are aware that there is a risk of not receiving grants. Should that risk occur, the funds to carry out the project will be to use funds on hand. The objective of garnering seed money for future productions will change and be reduced to the objective of at least break even through ticket and bar sales.

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5. **If your organization collaborates or has created partnerships with other organizations, other groups, or other events to cross-promote in an effort to encourage county-wide tourism, how is this accomplished?**
   The Boulet Theatre Productions and Upper Kittitas County Senior Center have partnered for this project. Each organization brings their prior experience with events to collaborate on planning, initiating, executing this project. Each organization is well-known for their endeavors and each have a good reputation county-wide to carry out this type of project.

6. **Please explain what plans exist to allow this project to become self-sustaining. Include any plans for ticket sales, event sponsors, and other cost-recovery models.**
   The budget details the plans for ticket sales, refreshments by donation, dinner and bar sales that will result in recovering project costs. The objective is to get enough revenue and experience on this collaborative effort, to have a baseline for future projects. The vision is that this project becomes an annual enterprise with sufficient financial and shared successes to elaborate further. For example, we would like the following year to have a mystery dinner theatre or other interactive show.

7. **Additional information: Provide any additional information which will assist the Committee in evaluating your project and its benefit to tourism. Please limit any additional written information to one page and any other additional attachments to 3 pages.**

   Timeline
   1. Initiate: March 15-April 1
   2. Plan: April 1-July1
   3. Execute: May 1-July 9
   4. Monitor and Control: May 1-July 9
   5. Closure: July 9-July 15

   Project Objectives:
   1. Growth: The primary objective is to grow the existing community theater experience into a space already equipped with some of the necessary infrastructure for rehearsals and performances, but with more capacity than what has existed in the past.
   2. Dinner Theater: Introduce a dinner theater format for one performance to enhance the audience experience and generate revenue to sustain the theater's and facility's operations.
   3. Arts and Culture: Provide a platform for local performers to showcase their talents, and for the Senior Center to promote cultural diversity and artistic expression.
   4. Community Engagement: Encourage active participation from the community through volunteer opportunities coming from the emerging collaboration of these two organizations.
   5. Economy: Stimulate economic growth by attracting visitors, and providing another activity in the community during the annual Pioneer Days celebration. Support local businesses by offering this additional activity within the arts sector to engage visitors coming to the area for the annual celebration.

   Venue: UKC Senior Center is a suitable venue for the project with factors including accessibility, capacity, and infrastructure. The rental space includes a stage, seating area, backstage facilities,

and kitchen. Rehearsals, set construction, backstage and sound equipment preparations, and setup/cleanup will take approximately 40 hours in the facility schedule.

Programming: Develop a theatrical production from a classic play to make it a contemporary performance, ensuring inclusivity and relevance to the community. Collaborate with local playwrights, directors, and performers to create an original work.

Dinner Theater: Partner with the Senior Center Chef to offer a package aligned with the production. Design a complementary menu with the theme of the performance, enhancing the overall entertainment experience.

Outreach: Organize auditions for the production aimed at nurturing emerging talents, fostering creative skills, and promoting theater arts literacy within the community. Outreach will extend to schools, community groups, and youth organizations to extend access.

Marketing: Implement a comprehensive marketing strategy utilizing various channels such as social media, print media, and community outreach to raise awareness about the project activities and to attract a diverse audience base. Develop promotional materials, including posters, flyers, and press releases, highlighting this unique offering of community theater and the dinner theater experience.

Volunteers: Recruit and train volunteers within our network to assist with various aspects of theater operations, including front-of-house management, ticket sales, ushering, and technical support. Provide opportunities for volunteers to gain valuable skills and experience.

Sustainability: Develop a sustainable business model that balances artistic integrity with financial viability. Plan revenue streams including ticket sales, dinner reservations, sponsorships, program advertisements, and grants to ensure longer-term sustainability of Boulet Theatre Productions and UKC Senior Center.

Outcomes:

1. Cultural Enrichment: The extension of the vibrant community theater and new dinner theater will enrich the cultural landscape of the community, providing residents and visitors with access to fun, quality theatrical performances and a congregate meal experience.
2. Community Engagement: The project will foster a sense of community engagement and ownership, with residents actively participating as performers, volunteers, and audience members, thereby strengthening social bonds and civic pride.
3. Economic Impact: The project will contribute to local economic development by attracting visitors, generating revenue for local businesses, and creating opportunities as this project is an ancillary activity of the annual Pioneer Days celebration.
4. Artistic Development: Emerging artists and performers will have opportunities to showcase their talents, receive mentorship and support, and lead to the growth and diversification of the local arts scene.
5. Educational Opportunities: The project will provide valuable learning experiences for aspiring artists and theater enthusiasts, nurturing creativity for all ages.

The Community Theatre and Dinner Theater Project will enhance arts and culture, community engagement, and stimulate economic development. By creating an inclusive space for artistic

expression and culture, the project will enrich the lives of residents and visitors and contribute to the vitality of the community.

The Community Theatre and Dinner Theater Project will have a significant impact on travel and tourism in the community through several avenues:

1. Cultural Tourism Attraction: The project will attract tourists interested in experiencing local arts and entertainment. Visitors from neighboring towns and cities, as well as tourists here for Pioneer Days may visit the community specifically to attend performances and enjoy the dinner theater experience.
2. Destination Marketing: The project's unique offerings will be marketed as part of the community's Pioneer Days celebration. Through targeted print and digital marketing campaigns, social media, and collaboration with the Pioneer Days committee, the project can attract a broader audience.
3. Events Calendars: The project's schedule of events will be integrated into the region's events calendars, promoting the community as a vibrant cultural destination. Tourists planning their visits can refer to these events calendars to schedule their trips around performances, boosting visitor numbers during a peak season.
4. Enhanced Visitor Experience: The live theater performances and a dinner theatre offer a unique and memorable experience for tourists. The opportunity to enjoy fun entertainment adds value to their visit and encourages positive word-of-mouth recommendations, attracting more visitors to the community in the long run.
5. Promotion of Local Arts: The community theater can showcase local performers, providing tourists with insight into the community's identity. This authentic experience appeals to travelers seeking meaningful connections with the destinations they visit, encouraging repeat visits and fostering a positive reputation for the community as a tourist destination.
6. Jobs and Economic Impact: The influx of tourists attending theater performances and participating in the dinner theater experience creates demand for other services, including hospitality, retail, and entertainment. This stimulates economic growth within the community, benefiting local businesses and residents.

The grant project for expanding the community theater and adding a dinner theater will support travel and tourism in the community by enhancing its Pioneer Days celebration, attracting visitors, stimulating economic activity, and promoting the community as a desirable destination for tourism. Through our partnerships, marketing, and the creation of this unique visitor experience, the project will contribute to the growth and sustainability of the local tourism industry.

Our destination community is rich in culture and talent yet lacks a dedicated space for performing arts experiences. Despite the presence of enthusiastic resident performers, the absence of a community theater limits opportunities for creative expression, engagement, and growth.

Currently, residents seeking live performances must travel outside the community, resulting in a loss of revenue and cultural vitality. Moreover, tourists visiting our destination often overlook cultural attractions due to the lack of centralized offerings and immersive experiences.

This project addresses these pressing needs by providing an expanded venue for theatrical productions. By trying out this space for artistic collaboration and community engagement, the

project will foster a sense of pride and identity among residents while attracting visitors seeking authentic performing art experiences.

Furthermore, the integration of a dinner theater concept adds a unique dimension, appealing to both locals and tourists alike. This approach not only enhances the entertainment value but also stimulates economic activity by supporting local businesses.

The need for an expanded community theater and new dinner theater in our destination community is fulfilling the cultural aspirations of residents, attracting visitors, and supporting our local economy. With your grant support, we can transform this vision into a reality, enriching the lives of our community members and creating lasting memories.

Incorporating safety and security, accessibility, and inclusion into the grant project by relocating theater production performances to an ADA-compliant facility with greater capacity, better infrastructure, more free parking, and a commercial kitchen set up for the dinner theater entails several key considerations:

Safety and Security: The Senior Center facility is equipped with modern safety features, including fire alarms, emergency exits, and adequate lighting, ensuring the safety of patrons, performers, and staff during theater productions and dinner events. Security measures such as surveillance cameras and controlled access points will be implemented to safeguard the premises and mitigate potential risks.

Accessibility: Moving to the ADA-compliant facility makes accessibility better for individuals with disabilities, having ramps, designated parking, and designated seating areas in place to accommodate wheelchair users and those with mobility impairments. The audio technician will provide optimized sound, enhancing the overall theater experience.

Inclusion: Programming at the theater will feature diverse and inclusive performances that represent the community's varied cultural backgrounds, identities, and experiences, fostering a sense of belonging for all audience members. Low-price tickets make the theater performances accessible to underserved communities, including low-income individuals, seniors, and youth, promoting social equity and inclusion.

Capacity and Infrastructure: The facility's increased capacity will accommodate larger audiences, reducing overcrowding and ensuring comfortable seating arrangements for patrons attending the theater productions and dinner event.

Parking: The availability of ample free parking at the facility will ease accessibility for patrons, eliminating concerns about parking availability and reducing barriers to attendance. Designated accessible parking spaces are provided close to the entrance with automatic doors, prioritizing convenience and ease of access for individuals with disabilities.

Commercial Kitchen for Dinner Theater: The kitchen is tailored for events and the Chef will ensure the efficient preparation and service of meals, meeting industry standards for food safety and hygiene. Vegetarian preferences will be accommodated in the menu.

8. **Project Budget: Please attach a copy of the complete budget for this project/proposal.**
Attached.

Dinner Theatre and Theatre Production (ancilllary to Pioneer Days) - 2024

EXPENSE	CASH	DONATIONS/SPONSORSHIPS	SALES	VENDOR FEES	GRANTS	IN KIND	TOTAL EXPENSES
Marketing							
Posters	$ 300.00	$ 300.00					$ 600.00
PR	$ 50.00						$ 50.00
Advertisements	$ 500.00	$ 500.00					$ 1,000.00
Ticket paper	$ 50.00	$ 50.00					$ 100.00
Tickets	$ 75.00	$ 75.00					$ 150.00
Programs	$ 20.00		$ 130.00				$ 150.00
TOTAL Marketing							**$ 2,050.00**
Production							
Costumes	$ 500.00						$ 500.00
Royalties and Scripts	$ 1,000.00						$ 1,000.00
Set construction materials	$ 500.00						$ 500.00
Audio Tech & Equipment	$ 500.00						$ 500.00
Pianist	$ 500.00						$ 500.00
TOTAL Production							**$ 3,000.00**
Facilities							
Centennial Center						$ 3,800.00	$ 3,800.00
Kitchen and wares						$ 500.00	$ 500.00
Janitorial and garbage	$ 300.00						$ 300.00
Setup and Cleanup	$ 260.00						$ 260.00
TOTAL FACILITIES							**$ 4,860.00**
Food & Refreshments							$ -
Food & Refreshments						$ 250.00	$ 250.00
Bar	$ 200.00						$ 200.00
Soda	$ 100.00						$ 100.00
Dinner and dessert	$ 5,000.00						$ 5,000.00
Coffee and water						$ 200.00	$ 200.00
Disposables	$ 50.00						$ 50.00
Chef	$ 200.00						$ 200.00
TOTAL Food & Refreshments							**$ 6,000.00**
Administrative							
Administrative	$ 100.00	$ 100.00				$ 300.00	$ 500.00
TOTAL Administrative							
TOTAL EXPENSES	**$ 10,205.00**	**$ 1,025.00**	**$ 130.00**	**$ -**	**$ -**	**$ 5,050.00**	**$ 16,410.00**

REVENUES	CASH	DONATIONS/SPONSORSHIPS	SALES	VENDOR FEES	GRANTS	IN KIND	TOTAL REVENUES
Ticket Sales			$ 4,000.00				$ 4,000.00
Dinner Theatre ticket sales			$ 14,000.00				$ 14,000.00
SWT Arts and Culture Grant					$ 5,000.00		$ 5,000.00
KC Lodging Micro-Grant					$ 2,500.00		$ 2,500.00
Cle Elum Lodging Tax Grant					$ 1,000.00		$ 1,000.00
Business sponsors		$ 500.00					$ 500.00
Bar			$ 500.00				$ 500.00
Refreshments		$ 100.00					$ 100.00
TOTAL REVENUE	**$ -**	**$ 600.00**	**$ 18,500.00**	**$ -**	**$ 8,500.00**	**$ -**	**$ 27,500.00**
PROFIT/LOSS	**$ (10,205.00)**	**$ (425.00)**	**$ 18,370.00**	**$ -**	**$ 8,500.00**	**$ (5,050.00)**	**$ 11,090.00**

BUSINESS LICENSE

STATE OF WASHINGTON

Nonprofit Corporation

Issue Date: Dec 14, 2023
Unified Business ID #: 601342459
Business ID #: 001
Location: 0002
Expires: Sep 30, 2024

UPPER KITTITAS COUNTY SENIOR CENTER
719 E 3RD ST
CLE ELUM WA 98922-1305

TAX REGISTRATION - ACTIVE

SENIOR CENTER #400548 - ACTIVE

This document lists the registrations, endorsements, and licenses authorized for the business named above. By accepting this document, the licensee certifies the information on the application was complete, true, and accurate to the best of his or her knowledge, and that business will be conducted in compliance with all applicable Washington state, county, and city regulations.

Director, Department of Revenue

STATE OF WASHINGTON

UBI: 601342459 001 0002

Expires: Sep 30, 2024

UPPER KITTITAS COUNTY SENIOR CENTER
719 E 3RD ST
CLE ELUM WA 98922-1305

TAX REGISTRATION - ACTIVE
SENIOR CENTER #400548 - ACTIVE

Director, Department of Revenue

IRS Department of the Treasury
Internal Revenue Service

ATLANTA GA 39901-0001

In reply refer to: 3553611356
Feb. 13, 2024 LTR 147C 0
91-1527674 000000 00
00002146
BODC: TE

UPPER KITTITAS COUNTY SENIOR CENTER
PO BOX 877
CLE ELUM WA 98922

065322

Employer identification number: 91-1527674

Dear Taxpayer:

Thank you for your inquiry of Feb. 05, 2024.

Your employer identification number (EIN) is 91-1527674. Please keep this letter in your permanent records. Enter your name and EIN on all federal business tax returns and on related correspondence.

You can get any of the forms or publications mentioned in this letter by visiting our website at IRS.gov/forms or by calling 800-TAX-FORM (800-829-3676).

If you have questions, you can call us at 800-829-0115.

If you prefer, you can write to us at the address at the top of the first page of this letter.

When you write, include a copy of this letter, and provide your telephone number and the hours we can reach you in the spaces below.

Telephone number 509 674-7530 Hours M-F 8A-2P

Keep a copy of this letter for your records.

Thank you for your cooperation.

APP

STATE of WASHINGTON SECRETARY of STATE

I, Ralph Munro, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF INCORPORATION

to

UPPER KITTITAS COUNTY SENIOR CENTER

a Washington Non Profit corporation. Articles of Incorporation were filed for record in this office on the date indicated below:

U.B.I. Number: 601 342 459 Date: September 23, 1991

Given under my hand and the seal of the State of Washington, at Olympia, the State Capitol

RALPH MUNRO

Ralph Munro, Secretary of State

2-447341-5

SSF 57

1992 2092 2935 0342-0345

Youth Prevention After-School Mentoring Programs
Community Builders

March 26, 2024

To Whom It May Concern,

I am writing this in support of your funding the grant application submitted by the UKC Senior Center and Boulet Theatre Production Company for their upcoming production. As an allied agency I have seen first-hand the dedication these organizations have to our community.

UKC Senior Center and Boulet Theatre serve the community with important contributions of cultural enrichment, social engagement, and artistic expression. Their commitment to providing opportunities for community members to participate in theatrical productions not only fosters creativity and self-expression but also promotes intergenerational connections and a sense of belonging.

Having attended previous productions facilitated by the Boulet Theatre Production Company, I can attest to the exceptional quality of their work. Each production is a testament to the dedication, talent, and collaborative spirit of the participants involved. These productions are fun! They are platforms for community members to showcase their abilities, challenge stereotypes associated with age in an intergenerational setting, and inspire audiences of all ages.

Grant funds would greatly enhance the capacity to produce this next production. These funds would enable them to secure necessary resources such as scripts and royalties, costumes, set design materials, venue rental, marketing campaigns, and technical equipment, a professional pianist, and more all ensuring that their vision can be fully realized.

Investing in the UKC Senior Center and Theatre Production Company aligns with the grant organization's mission to support initiatives that promote community engagement, collaboration, and cultural enrichment, and to showcase the Senior Center 10,000 square foot facility as a tourism asset. By supporting this application, you would not only be contributing to the success of these two deserving organizations but also boosting the local economy by attracting overnight visitors who are interested in experiencing this artistic and cultural offering.

In conclusion, I wholeheartedly endorse the grant application submitted by the UKC Senior Center and Boulet Theatre Production Company. Their commitment to artistic excellence, community engagement, and the well-being of seniors makes them deserving recipients of your support. Thank you for considering their application, and I remain available should you require any further information.

Sincerely,

Dawn M. Bass
Executive Director
Community Builders

HopeSource

Ph. 844.831.4673
www.hopesource.us
info@hopesource.us

Upper Kittitas County Senior Center Letter of Support

March 28, 2024

To whom it may concern,

HopeSource submits this letter in support of the Upper Kittitas County Senior Center (UKCSC) and Boulet Theatre Production Company (Boulet) for their upcoming production. UKCSC is a valued partner in serving our community. We have not directly partnered with Boulet, though as a community member, I have seen the impact of their organization to our community in providing arts & culture and social connection. Both organizations contribute to the social enrichment and cultural growth of Upper Kittitas County residents.

Investing in the UKCSC and Boulet aligns with this grants desire to promote community engagement, collaboration, and cultural enrichment. It showcases the Senior Center's 10,000 square foot facility as a tourism asset.

HopeSource offers its full support to the work of UKCSC and the success of Boulet. We are honored to partner with the work they are accomplishing among our seniors and other community members. Thank you for considering this application.

Sincerely,

Susan Grindle
CEO
HopeSource

Kittitas County, Washington
BOARD OF COUNTY COMMISSIONERS

District One	District Two	District Three
Cory Wright	Laura Osiadacz	Brett Wachsmith

26 March 2024

I am writing a letter in support of the request submitted by the UKC Senior Center and Boulet Theatre Production Company for their upcoming production. Kittitas County has partnered with the UKC Senior Center for many years and appreciates the contributions this facility makes to the community.

UKC Senior Center and Boulet Theatre Production Company serve the community with important contributions of cultural enrichment, social engagement, and artistic expression. Their commitment to providing opportunities for community members to participate in theatrical productions not only fosters creativity and self-expression but also promotes intergenerational connections and a sense of belonging.

Investing in the UKC Senior Center and Theatre Production Company collectively will promote community engagement, collaboration, and cultural enrichment. By supporting this application, you would not only be contributing to the success of these two deserving organizations but also boosting the local economy by attracting overnight visitors who are interested in experiencing this artistic and cultural offering.

In conclusion, I wholeheartedly endorse the grant application submitted by the UKC Senior Center and Boulet Theatre Production Company. Their commitment to artistic excellence, community engagement, and the well-being of seniors makes them deserving recipients of your support. Thank you for considering their application, and I remain available should you require any further information.

Sincerely,

Laura Osiadacz, Vice-Chairman
Kittitas County Commissioner

Kittitas County Courthouse · 205 West 5th Avenue, STE 108 Ellensburg, WA 98926
(509) 962-7508 ·FAX (509) 962-7679
www.co.kittitas.wa.us

LAUGHOR-01 CFOUTZ

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 4/4/2024

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME:	
Acrisure Northwest Partners Insurance Services, LLC 19401 40th Ave W, Suite 440 Lynnwood, WA 98036	PHONE (A/C, No, Ext): (800) 442-1281	FAX (A/C, No): (425) 291-5100
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : American Alternative Insurance Corporation	19720
INSURED Laughing Horse Arts Foundation PO Box 214, Ellensburg, WA 98926	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$ 5,000,000
	CLAIMS-MADE X OCCUR			N1A2RL000001312	6/1/2023	6/1/2024	DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 250,000
							MED EXP (Any one person)	$
							PERSONAL & ADV INJURY	$ 5,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 10,000,000
	X POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$ 10,000,000
	OTHER:							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	ANY AUTO						BODILY INJURY (Per person)	$
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	$
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$
	DED RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N						PER STATUTE OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N / A					E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER	CANCELLATION
Upper Kittitas County Senior Center 719 E Third St. Cle Elum, WA 98922	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE

LAUGHOR-01 CFOUTZ

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 4/4/2024

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PRODUCER Acrisure Northwest Partners Insurance Services, LLC 19401 40th Ave W, Suite 440 Lynnwood, WA 98036	CONTACT NAME: PHONE (A/C, No, Ext): (800) 442-1281 FAX (A/C, No): (425) 291-5100 E-MAIL ADDRESS:
	INSURER(S) AFFORDING COVERAGE — NAIC #
	INSURER A : American Alternative Insurance Corporation — 19720
INSURED Laughing Horse Arts Foundation PO Box 214, Ellensburg, WA 98926	INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$ 5,000,000
	[ ] CLAIMS-MADE [X] OCCUR			N1A2RL000001312	6/1/2023	6/1/2024	DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 250,000
							MED EXP (Any one person)	$
							PERSONAL & ADV INJURY	$ 5,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 10,000,000
	X POLICY [ ] PRO-JECT [ ] LOC						PRODUCTS - COMP/OP AGG	$ 10,000,000
	OTHER:							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	ANY AUTO						BODILY INJURY (Per person)	$
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
	UMBRELLA LIAB [ ] OCCUR						EACH OCCURRENCE	$
	EXCESS LIAB [ ] CLAIMS-MADE						AGGREGATE	$
	DED [ ] RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						PER STATUTE / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] (Mandatory in NH)	N/A					E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER	CANCELLATION
City of Cle Elum 719 E Third St. Cle Elum, WA 98922	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE

KITTITAS COUNTY
WASHINGTON

Aumentum TECHNOLOGIES
TAXSIFTER

Mike Hougardy
Kittitas County Assessor 205 W 5th Ave Ste 101 Ellensburg WA 98926

Assessor **Treasurer** **Appraisal** **MapSifter**

Parcel

Parcel#:	853335	Owner Name:	WALKER, SUSAN L
DOR Code:	91 - Undeveloped - Land	Address1:	
Situs:	125 W FIRST ST, CLE ELUM 98922	Address2:	PO BOX 454
Map Number:	20-15-26051-0411	City, State:	CLE ELUM WA
Status:		Zip:	98922-0454
Description:	CLE ELUM; CLE ELUM ORIGINAL LOTS 11 & 12; BLOCK 4		
Comment:			

2024 Market Value

Land:	$143,000
Improvements:	$0
Permanent Crop:	$0
Total	$143,000

2024 Taxable Value

Land:	$143,000
Improvements:	$0
Permanent Crop:	$0
Total	$143,000

2024 Assessment Data

District:	28 - CICE SD404 H2 CO COF ST
Current Use/DFL:	No
Senior/Disability Exemption:	No
Total Acres:	0.00000

Ownership

Owner's Name	Ownership %	Owner Type
WALKER, SUSAN L	100 %	Owner

Sales History

Sale Date	Sales Document	# Parcels	Excise #	Grantor	Grantee	Price
06/20/23	2023-934	1	2023-934	CAPLE, PETER N & DIANA L	WALKER, SUSAN L	$0
04/13/01	12377	1	12377	GUZZIE, GARY G.	CAPLE, PETER N & DIANA L	$115,000

Building Permits

No Building Permits Available

Historical Valuation Info

Year	Billed Owner	Land	Impr.	PermCrop Value	Total	Exempt	Taxable
2024	WALKER, SUSAN L	$143,000	$0	$0	$143,000	$0	$143,000
2023	WALKER, SUSAN L	$143,000	$0	$0	$143,000	$0	$143,000
2022	CAPLE, PETER N & DIANA L	$143,000	$0	$0	$143,000	$0	$143,000
2021	CAPLE, PETER N & DIANA L	$143,000	$0	$0	$143,000	$0	$143,000
2020	CAPLE, PETER N & DIANA L	$143,000	$0	$0	$143,000	$0	$143,000

View Taxes

Parcel Comments

No Comments Available

Property Images

Click on an image to enlarge it.

UPPER KITTITAS COUNTY COMMUNITY RECREATION CENTER ALLIANCE
CITY OF CLE ELUM LODGING TAX APPLICATION

Application Year: 2024

Name of Organization: Upper Kittitas County Community Recreation Center Alliance

Organization mailing address: 104 N Montgomery Ave., Cle Elum, WA 98922

Organization contact person & title: Claire Nicholls, President

Organization/contact phone:509-260-1241

Email: clairenicholls@heinlegacyfoundation.org

Organization Website: recreationukc.org

Federal Tax ID Number: ___86-3482779____ UBI Number:____ 604 748 160____

Organization is a (select one):
_____ Government Entity
__X___ 501(c)3
_____ 501(c)6
(note: you must submit 501(c)3 or 501(c)6 approval documentation)

Project/Event Name: Upper Kittitas County Community Recreation Center

Project/Event Date: ongoing

Project/Event Location: Bullfrog Road, adjacent to Cle Elum-Roslyn School District

Amount of Funding Requested: $75,000

For which funding category do you qualify (check one) (see instructions for definitions):
____x____ New Project/Event _____ Ongoing Project/Event Support
Estimated # of overnight stays: _____

Tourism Seasons: From the list below, what season will your project enhance tourism? Please indicate the appropriate season.

	Season:	Months:
X	Year-round	January – December
	Off season	November – February
	Shoulder season	October or March – May
	High season	June – September

APPLICATION QUESTIONS

For purpose of this application, we have attempted to keep responses brief. However, more information and/or more detail is readily available upon request.

1.A. Description of Project

For many years, residents have expressed their desire for a community recreation center that provides a safe place for people of all ages to gather and engage in healthy activities, particularly during the long winters. In the last 15 years, two efforts to pass levies to build a pool failed by a narrow margin.

Upper Kittitas County Community Recreation Center Alliance (UKC CRCA) is a 501(c)(3) organization formed in 2021 to resurrect and successfully lead the effort to bring this long-desired dream to reality. Led by representatives from the Hein Legacy Foundation, the City of Cle Elum, the two school districts, and several other groups and individuals, UKC CRCA has completed a Feasibility Study Construction Cost Estimate 2-20-24.pdf and the Schematic Design Schematic Design Final Report.pdf of a project to construct a Community Recreation Center (CRC). The CRC will be located on 12.2 acres of land donated by Suncadia to the City of Cle Elum specifically for this purpose. The parcel is adjacent to Cle Elum-Roslyn School District property (within easy walking distance for students).

A Feasibility Study, Conceptual Design, Schematic Design have been completed, all with the involvement of the community. We are nearing the completion of Construction Documents.

1.B. Specific tourism audience/Market that your organization will target with these funds

The targeted tourism audience falls into two categories: (1)"sports tourism" – bringing visitors to Upper County to attend basketball tournaments, swim meets, etc. and (2) vacationing visitors.

Currently there is inadequate gymnasium space for hosting basketball tournaments. The UKC Basketball Club has indicated that more tournaments could be held, and more teams could participate with the addition of this facility. Weekend and holiday tournaments draw people from across the region. In addition, the Cle Elum-Roslyn School District has expressed interest in having a swim team. Swim meets also draw families from across the region.

The impact of the increase in vacationing visitors is more subjective. However, it stands to reason that individuals and families choosing where to vacation may be more inclined to select Upper County if there is an indoor recreation facility. Also, visitors to Upper County may stay an extra day if there is access to recreation facilities.

1.C. Itemized list of how grant funds will be utilized

The signed contract with ALSC for completion of construction documents is for $1,569,909. As of March 31, this phase of the project is approximately 50% complete. Due to unanticipated costs for surveys, geotechnical work, and attorney fees billed through the contract with the architect, we need approximately

$125,000 to complete construction documents. This milestone will allow us to finalize the construction cost estimate and will also put us in a much better position for fundraising.

ALSC Estimate to Complete (as of March 31, 2024)	$586,800 **
Guaranteed Funding:	
Remaining Sun Communities funds from City of Cle Elum	245,000
UKC CRCA	50,000
Other Funding Currently Sought:	
Kittitas County	200,000
Suncadia Fund for Community Enhancement	15,000
Shortfall	$ 76,800

** Anticipated monthly billings:
April $180,000
May $200,000
June $206,800

2. Estimates of how any money received will result in increases in the number of people traveling for business or pleasure on a trip

I. Away from their place of residence or business and staying overnight in paid accommodations;

II. To a place fifty miles or more away from their place of residence or business for the day or staying overnight; or

III. From another country or state outside of their place of residence or business.

Evidence utilized in determining projections.

See 1b above

3. Measurement of impact on tourism

I. Is your project/event year-round or is it seasonal or date-specific?

II. What strategies will you employ to assure you are attracting tourists from at least 50 miles away?

III. Strategies we will use to assist in marketing all of Kittitas County as a tourist destination

Once built, the recreation center will be open year-round. We will work with local lodging providers, the Chamber of Commerce, and other organizations to incorporate mention of the facility into their existing promotional materials.

4. **Grant funding obtained or applied for from other sources. Please list the available funding you have for the project, including any volunteer and in-kind sources, and/or the sources and amounts for which you have applied. Please note which funding sources are secured and in hand so a true matching fund determination may be determined. What changes would occur if the project couldn't be funded?**

We will apply for every applicable federal, state, and local source of funds available, both public and private. A list of non-tax funding sources totaling $7-10 million can be found in this link NON-TAX FUNDING SOURCES.xlsx.

Of the targeted $10 million, $6.1 million has been secured or committed, including:

a. Suncadia/Sun Communities ($2 million in the possession of the City of Cle Elum and an additional $2 million secured by a Promissory Note due on or before December 31, 2027).
b. Hein Legacy Foundation has committed $2 million.
c. An unsolicited private donation of $100,000 has already been received.

The project is dependent on successfully passing a bond and operating levy. November 2025 is currently targeted as the ballot date.

5. **If your organization collaborates or has created partnerships with other organizations, other groups, or other events to cross-promote in an effort to encourage county-wide tourism, how is this accomplished?**

TBD

6. **Plans to allow this project to become self-sustaining. Include any plans for ticket sales, event sponsors, and other cost-recovery models**.

An **operating budget** for the facility can be found Operations Budget-8-2-23.xlsx. It includes detailed estimates of revenues and expenses. The ongoing commitment of the City of Cle Elum will fund a portion of the anticipated operating deficit. In addition, the Project Committee is developing a strategy for funding the remainder of the operating shortfall. Depending on the strategy selected, the deficit may also be funded by sales taxes, an endowment fund, and/or other means.

7. **Additional information: Provide any additional information which will assist the Committee in evaluating your project and its benefit to tourism. Please limit any additional written information to one page and any other additional attachments to 3pages.**

NA

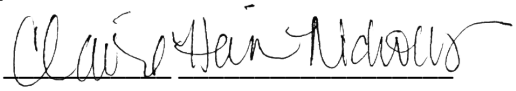
8. **Project Budget: Please attach a copy of the complete budget for this project/proposal. If your agency operates independently of this project application, it may not be necessary to submit the entire agency budget. You must submit a budget which specifically pertains to the project/event for which you are requesting funding and adheres to the basic budget format shown below.**

The **capital budget** for the project is extremely detailed and can be found Construction Cost Estimate 2-20-24.pdf.

9. **Has your event received Lodging Tax Funds in previous years?** No

10. **Application Certification:**

The applicant here certifies and affirms: 1. That it does not now, nor will it during the performance of any contract arising from this application, unlawfully discriminate against any employee, applicant for employment, client, customer, or other person who might benefit from said contract, by reason of age, race, color, ethnicity, sex, religion, military status, sexual orientation, creed, place of birth, or disability; 2. That it will abide by all relevant local, state and federal laws and regulations and; 3. That it has read the information contained in the Instructions on pages 1 and 2 and understands and will comply with all provisions thereof.

Certified by: 

Print Name: Claire Nicholls

Title: President

Date: April 15, 2024

List of Links and/or Attachments

IRS Determination Letter - IRS Determination Letter.pdf
Feasibility Study - Feasibilty Study Final Report May 2022.pdf
Schematic Design report - Schematic Design Final Report.pdf
Non-tax funding sources (Excel spreadsheet) - NON-TAX FUNDING SOURCES.xlsx
Operating Budget - Operations Budget-8-2-23.xlsx
Capital Budget - Construction Cost Estimate 2-20-24.pdf

2024 Lodging Tax
Fund Application

Name of Applicant: City of Cle Elum Public Works

Name of Event: Signs

Date Received: _____

Received By: _____

City of Cle Elum
119 West First Street
Cle Elum, WA 98922
509-674-2262

Lodging Tax Funds – General Information

The City of Cle Elum imposes a lodging tax assessed on the sale or charge made for furnishings of lodging according to RCW 67.28.180 and RCW 67.28.181. The committees' purpose is to advise and recommend to the legislative authority of the city how excise taxes on lodging should be allocated to support tourism which in turn generates revenue.

Uses According to Law:
According to State Statute funds awarded under this process may be used for the following:

1. Tourism marketing;
2. The marketing and operations of special events and festivals designed to attract tourists;
3. Supporting the operations of tourism-related facilities owned or operated by nonprofit organizations described under 26 U.S.C. Sec. 501 (c) (3) and 26 U.S.C. Sec. 501 (c) (6) of the internal revenue code of 1986, as amended.

Definitions included in state law which should be considered in any application requesting funding include:

(1) **Tourism** means economic activity resulting from tourists, which may include sales of overnight lodging, meals, tours, gifts, or souvenirs.

(2) **Tourism promotion** means activities, operations, and expenditures designed to increase tourism, including but not limited to advertising, publicizing, or otherwise distributing information for the purpose of attracting and welcoming tourists; developing strategies to expand tourism; operating tourism promotion agencies; and funding marketing or the operation of special events and festivals designated to attract tourists.

(3) **Tourism-related facility** means real or tangible personal property with a usable life of three or more years, or constructed with volunteer labor that is: (a) (i) Owned by a public entity; (ii) owned by a nonprofit organization described under section 501 (c) (3) of the federal internal revenue code of 1986, as amended; or (iii) owned by a nonprofit organization described under section 501 (c) (6) of the federal internal revenue code of 1986, as amended, a business organization, destination marketing organization, main street organization, lodging association, or chamber of commerce and (b) used to support tourism, performing arts, or to accommodate tourist activities.

Review Process:
The Committee will review grant applications and award lodging tax funds for special events and festivals.

The Committee will compile the score sheets, rankings, and funding recommendations for further consideration.

Scoring sheets which determine the overall ranking of applications are included in this packet for your reference and information.

Local Policy on Disallowed Uses:

The Committee has determined that certain types of activities are not eligible for funding awards even if they may be tourism related. These include anything affiliated with the following: prizes for contestants, resale items, food and drink, beautification, fundraising, and membership drives. This list should not be considered comprehensive and all funding recommendation decisions are at the discretion of the committees and subject to change by majority opinion.

Application Definitions:

Below is a list of terms and phrases which have specific meaning within this application. It may be helpful for you to review these as you prepare responses so that you have a better understanding of the reviewers' expectations.

Date-specific is an event or project which occurs over less than one month.

Matching Funds is the amount of funding your organization is contributing to the project or event. This includes both direct and indirect fund support. Direct funds can be in the form of cash funding from your organization or funding secured from elsewhere but dedicated to the project or event such as other grants, loans, donations, etc. Indirect funding support includes in-kind support like labor, volunteer support, supplies, and services which directly relate to the project or event, including those provided by your organization and others.

New Projects/Events are projects/events which are in the first four years of existence. For example, a proposal for a barbeque competition which is in its third year would be defined as a new project/event. Likewise, a project by an existing museum which expands its current offerings, or a specific new strategy for appealing to a different target market that is in its first year, would be considered a new project. Ongoing general marketing and advertising campaigns or general operational support requests for organizations/event which have existed for longer than four years are not defined as a new project/event.

Ongoing Projects/Events are defined as projects/events that have been established for more than four years. Applications that qualify under this definition may be awarded up to 10% of the project's/event's expense budget.

Partnerships are agreements between events/organizations/groups which enhance the overall project/event by providing additional value-added benefits or opportunities for attendees as well as the participating partners. For instance, as part of your event, you may have partnered with a local hotel or campground for a special group rate for overnight attendees. You may have also partnered with a local restaurant to provide a special meal discount or drink offer. You may have also agreed to refer your attendees to another event simultaneously occurring in another part of the county.

Project Budget is a written description of the complete budget for your project or event. It must include anticipated revenues, expenses, and any potential profit or loss.

Seasonal means a project or event which operates at least 1 month and up to 6 months, and during at least 2 seasons (Spring, Summer, Fall, Winter).

Self-Sustaining is being able to provide for your own needs without the assistance of grant funds.

Supports County as a Tourism Destination means including strategies within your proposal which will assist in attracting tourists to our County during times of the year other than for your project/event alone. This may include cross-promotion agreements with other projects/events, it may include active marketing of other projects/events at your project/event, it may include referring attendees directly to other tourist opportunities in Kittitas County, etc.

Year-round means a project or event is ongoing and actively working to attract tourists for at least 6 months, and at least 3 seasons (Spring, Summer, Fall, Winter).

SUBMITTAL INSTRUCTIONS

Please return **ONE COPY** of the entire original application (including the cover sheet and instructions sheets) and answers to narrative questions to:

City of Cle Elum
119 West First Street
Cle Elum, WA 98922

Incomplete applications will not be considered. Applications may not be changed or amended by the applicant after the deadline for submission.

Project Management:

Successful applicants shall be required, as a condition of the funding award, to enter into a contract. The agreement may include, but not be limited to, the specific amount of the award and what it may be used for, all reporting requirements associated with this funding, payment terms, and any and all other appropriate terms of the funding. The City of Cle Elum will be the contracting agent for all approved projects.

All funds awarded under this program will be available in the form of reimbursable grants. The funds will be available for reimbursement beginning January 31 and ending December 31 of the calendar year immediately following award notification. Any unexpended funds will be returned to the Lodging Tax accounts from where they came and made available for re-appropriation. All requests for reimbursement shall be made to the Treasurer's office at the following address:

City of Cle Elum
119 West First Street
Cle Elum, WA 98922

For specific information and requirements regarding the reimbursement process, please contact the Treasurer's office at 509-674-2262

Project Reporting Requirements:

State law requires that all recipients of Lodging Tax revenues must submit a report to the municipality describing the actual number of people traveling for business or pleasure on a trip:

A. Away from their place of residence or business and staying overnight in paid accommodations;
B. To a place fifty miles or more one way from their place of residence or business for the day or staying overnight; or
C. From another country or state outside of their place of residence or their business.

A report form will be provided as part of the contract for receiving funds. We ask that you provide this information within 60 days after your event is complete once you have critiqued your event.

In addition, any reports which are produced as a result of a grant award must be submitted within 60 days of completion as part of your project reporting requirements. This will provide evidence that the work paid for by the grant has been completed.

Applicant Categories and Eligibility:

Grants from lodging tax funds are provided for two types of applicants, New Projects/Events and Ongoing Event Support. An organization may only apply for funding from one category per year. The categories are defined as follows:

The **New Project/Events** category is for applications from events/projects which are within the first three years of existence. Applications may be considered in this category from established events (older than four years) which are proposing a new or expanded project designed to increase tourism as part of an ongoing event.

The **Ongoing Project/Event Support** category is for applications from established events (ongoing for more than four years) which may request continuing support. Grant awards are limited in this category to no greater than 10% of the event's expense budget. This category includes project/events which may be operating under a new board or organization, moving venues, changing dates, or implementing other non-substantial changes to a project/event which is ongoing for more than four years.

Other Information:

Insurance: As part of its contract for performance, a municipality may require contractors to maintain liability insurance in the amount of $1,000,000 or more and name the municipality as an additional insured on its liability insurance policy.

Application Form: This packet is available at:

City of Cle Elum
119 West First Street
Cle Elum, WA 98922

Grant Preferences:

In the review of applications, the Lodging Tax Advisory Committee or designees will grant preference to those proposals which (1) increase tourism, and (2) demonstrate ability toward eventual self-sustainability. **Applications from non-for-profit organizations will be given preference over those from for-profit entities.**

Guidelines and Requirements for Advertising Expenditures of Lodging Tax:

Branding

Contractors who have been approved to utilize grant awards for advertising expenditures must incorporate appropriate City of Cle Elum information as follows:

A. Websites and Social Media Sites must include the City's tourism website logo with an operational link to the site(s). The logo must be displayed on the contractor's home page, it must be sized no smaller than ½ inch in height, and must be surrounded by appropriate white space to allow easy recognition and legibility. Contractors shall not change the logo(s) in color or appearance.

B. Print Advertising and Online Display Advertising of all types (including but not limited to newspaper, periodicals, flyers, posters, billboards, direct mail, e-newsletters, third-party websites, streaming displays, etc.) and must include the City's tourism

website logo. The logo must be sized no smaller than ½ inch in height, and must be surrounded by appropriate white space to allow easy recognition and legibility. Contractors shall not change the logo(s) in color or appearance.

C. Video Advertising of all types (including but not limited to television, online, electronic kiosks, motion billboards, etc.) must include the City's tourism website logo. The logo must be size no smaller than ½ inch in height, and must be surrounded by appropriate white space to allow easy recognition and legibility. Contractors shall not change the logo(s) in color or appearance.

All logos and website information may be obtained by contacting the City of Cle Elum administration.

Advertising Reimbursements

Contractors seeking reimbursement from Lodging Tax Funds for advertising expenditures must adhere to the following guidelines and requirements for each type of advertising media utilized:

A. Print Advertising:

1. Print advertising placed with any media provider which operates exclusively outside of Kittitas County may be reimbursed at 100% of the cost, including any production costs. To operate exclusively outside of Kittitas County, the provider must not be physically located in the County and/or not distribute any media within the County.

2. Print advertising placed with any media provider which operates inside Kittitas County may be reimbursed as follows:

   a. For date-specific events, advertising the day of the event and up to 7 days prior to the event may be reimbursed at 100% of the cost, including any production costs.

   b. For seasonal or year-round events, or for date-specific events outside of the time-frame in Section 2 A, (2)(a) above, advertising reimbursement requests must include a statement from the media provider specifying the percentage distribution to areas outside of Kittitas County. Reimbursements will be allowed for the amount distributed outside of Kittitas County, including any production costs.

B. Television Advertising:

1. Television advertising placed with any media provider outside the Yakima/Kittitas DMA will be reimbursed at 100% of the cost, including any production cost.

2. Television advertising placed with any media provider inside the Yakima /Kittitas DMA will be reimbursed as follows:

   a. For date-specific events, advertising the day of the event and up to 7 days prior to the event may be reimbursed at 100% of the cost, including any production costs.

   b. For seasonal or year-round events, or for date-specific events outside of the time-frame in Section 2 B, 2(a) above, advertising may be reimbursed at the rate of 70% of the total cost, including any production costs.

C. Online Advertising:

1. Online advertising and promotion may be reimbursed at 100% of the cost, including any production cost.

2. Streamed media (radio, television, other) requests for reimbursement must include a statement from the media provider specifying the percentage of recipients which are outside of Kittitas County. Reimbursements will be allowed for the percentage distributed outside of Kittitas County, including any production costs.

D. Direct Mail:

1. Direct mail advertising may be reimbursed at 100% of the cost, including any production cost, for each item mailed or shipped to a destination outside of Kittitas County. In order to receive reimbursement, a list of the addresses and a signed statement from the contractor that the list is accurate, or other proof of delivery, must be provided along with other required documentation.

E. Flyers/Posters:

1. Flyers or posters which are placed outside of Kittitas County may be reimbursed at 100% of the cost, including any production cost. In order to receive reimbursement, a list of the locations where flyers or posters were posted outside of Kittitas County and a signed statement from the contractor that the list is accurate must be provided along with other required documentation.

F. Radio Advertising:

1. Radio advertising placed with any media provider located outside of Kittitas County may be reimbursed at 100% of the cost, including any production cost.

2. Radio advertising placed with any media provider located inside of Kittitas County may be reimbursed as follows:

    a. For date-specific events, advertising the day of the event and up to 7 days prior to the event may be reimbursed at 100% of the cost, including any production cost.

    b. For seasonal or year-round events, or for date-specific events outside of the time-frame in Section 2 F, 2(a) above, advertising may be reimbursed at the rate of 30% of the total cost, including any production costs.

APPLICATION FOR LODGING TAX GRANT FUNDING

Application Year: 2024

Name of Organization: City of Cle Elum Public Works

Organization mailing address: 119 W. First Street Cle Elum, WA 98922

Organization contact person & title: Aaron Barr - Public Works

Organization/contact phone: City of Cle Elum 509-260-1236

Email: abarr@cleelum.gov

Organization Website: www.cityofcleelum.com

Federal Tax ID Number: 91-6001239 UBI Number: 191-000-001

Organization is a (select one):

- [✔] Government Entity
- [ ] 501(c)3
- [ ] 501(c)6
- [ ] Other _____

(note: you must submit 501(c)3 or 501(c)6 approval documentation – see sample document)

Project/Event Name: signs

Project/Event Date: all events

Project/Event Location: city wide

Amount of Funding Requested: $5052.00

For which funding category do you qualify (check one) (see instructions for definitions):

[ ] New Project/Event [✔] Ongoing Project/Event Support

Estimated # of overnight stays: 100+

Tourism Seasons: From the list below, what season will your project enhance tourism? Please indicate the appropriate season.

	Season:	**Months:**
[✔]	Year-round	January – December
[ ]	Off season	November – February
[ ]	Shoulder season	October or March - May
[ ]	High season	June – September

APPLICATION QUESTIONS

Please answer each question completely, in the order listed, on a separate sheet attached to this application. Please include any supporting data within the response narrative.

1. Please provide a description of your project/event and identify the specific tourism audience/market that your organization will target with these funds. You must include an itemized list of exactly how any grant funds awarded will be utilized.

2. Please provide the following estimates of how any money received will result in increases in the number of people traveling for business or pleasure on a trip:
    I. Away from their place of residence or business and staying overnight in paid accommodations;
    II. To a place fifty miles or more away from their place of residence or business for the day or staying overnight; or
    III. From another country or state outside of their place of residence or business.

    You must provide the evidence utilized in determining your projections.

3. What tools will you use to measure your event's impact on tourism? Please be specific and provide examples. Include the following information:
    I. Is your project/event year-round or is it seasonal or date-specific?
    II. What strategies will you employ to assure you are attracting tourists from at least 50 miles away?
    III. What strategies will you use to assist in marketing all of Kittitas County as a tourist destination with your event/project funding request?

4. Does your organization have, or have you applied for, grant funding from other sources? If not, why not? If yes, please list the available funding you have for the project, including any volunteer and in-kind sources, and/or the sources and amounts for which you have applied. Please note which funding sources are secured and in hand so a true matching fund determination may be determined. What changes would occur if the project couldn't be funded?

5. If your organization collaborates or has created partnerships with other organizations, other groups, or other events to cross-promote in an effort to encourage county-wide tourism, how is this accomplished?

6. Please explain what plans exist to allow this project to become self-sustaining. Include any plans for ticket sales, event sponsors, and other cost-recovery models.

7. **Additional information:** Provide any additional information which will assist the Committee in evaluating your project and its benefit to tourism. Please limit any additional written information to one page and any other additional attachments to 3 pages.

8. **Project Budget:** Please attach a copy of the complete budget for this project/proposal. If your agency operates independently of this project application it may not be

necessary to submit the entire agency budget. You must submit a budget which specifically pertains to the project/event for which you are requesting funding and adheres to the basic budget format shown below.

The budget must include anticipated revenues, expenditures, and any potential profit or loss. For projects/events which are ongoing for more than 1 year, please also submit actuals from the previous three years of operations for the project/proposal if applicable. Also, please supply any narratives necessary to understand the budget being submitted and list separately any in-kind or volunteer contributions.

Please assure your budget, and actuals from previous years (if applicable), are in the following basic format:

Revenues:
- Cash
- Donations/Sponsorships
- Sales
- Vendor Fees
- Grants
- Etc.
  - Total Revenues

In-Kind Contributions:
- Volunteer Labor
- Donated Services
- Donated Materials
- Etc.
  - Total In-kind

Expenses:
- Venue
- Insurance
- Services
- Advertising
- Security
- Etc.
  - Total Expenses

Profit/Loss (Revenue less Expenses)

9. Has your event received Lodging Tax funds in previous years?
Yes ☐ No ☑

If yes, please list each year and the amount received for that year.

All applicants must also provide the following information regarding the event/project:

	Prior Year	Projected
A. How many participants and spectators attended last year's activity and/or will attend this year?	200+	400+

B.	How many days did/will your event occur?	10	10
C.	How many room nights were and /or will be booked as a result of your project/event? *(You must provide a verifiable source of information as evidence for your response to item C. Failure to do so will disqualify your application.)*	10	15

10. **Application Certification:**

The applicant here certifies and affirms: 1. That it does not now, nor will it during the performance of any contract arising from this application, unlawfully discriminate against any employee, applicant for employment, client, customer, or other person who might benefit from said contract, by reason of age, race, color, ethnicity, sex, religion, military status, sexual orientation, creed, place of birth, or disability; 2. That it will abide by all relevant local, state and federal laws and regulations and; 3. That it has read the information contained in the Instructions on pages 1 and 2 and understands and will comply with all provisions thereof.

Certified by:
(signature) Or sign here:

(print name) Aaron Barr

Title: Public Works

Date: 04-23-2024

Lodging Tax

Grant Application Rating Form

Criteria	Points Possible	Application Questions	Points Awarded
Partnerships	5 Yes = 5 No = 0	Question 5	
Length of Impact	15 Date specific = 5 Seasonal = 10 Year Round = 15	Question 3	
Attracts Tourists from at least 50 miles away	15 yes = up to 15 No = 0	Question 3	
Supports County as Tourism Destination	15 yes = up to 15 No = 0	Question 2, 3, 5, 7	
Attributable Lodging Stays	20 0 = 0 1-30 = 5 31-100 = 10 101-250 = 15 More than 250 = 20	Question 9	
Applicant's Matching Funds	20 Less than 5% = 0 5% - 25% = 5 25% - 49% = 10 50% - 99% = 15 100% or more = 20	Question 4, 8	
Sustainable Future Funding Identified	10 yes = 10 No = 0	Question 6	

Total Points: _____ / 100

Applicant Checklist

For applicant use prior to submission

☑ My application title page states: Request for Proposals, Lodging Tax Fund (YEAR).

☑ My application is for a new project/event and/or for an ongoing project/event as defined on page 2 of the application packet.

☐ I have attached proof of non-profit status if applicable which matches the sample document provided.

☑ I have included an itemized list in response to item 1 in the application of how any grant funds awarded will be utilized.

☑ I have attached additional information in response to item 7 in the application, if needed, which includes written information limited to one page and other attachments limited to three pages.

☑ I have attached a project budget, properly formatted according to item 8 in the application.

☐ If this event is ongoing for more than one year, I have also submitted actual financial data from the previous three years if applicable, formatted properly according to item 8 in the application.

☑ The application certification in item 10 is signed and dated by the proper authority.

☑ I have included one copy of the entire original application according the submittal instructions on page 4.

☑ My application is being delivered to:

City of Cle Elum
119 West First Street
Cle Elum, WA 98922

Submission Checklist

For office use only

Please mark “yes” or “no” to each criteria below:

☐ Applicant filled out the proper application version for this grant cycle.

☐ Applicant answered each question.

☐ A budget is attached which includes revenues, expenses and anticipated profit or loss (plus previous 3 years actuals for ongoing projects/events).

☐ The applicant has signed and dated the certification statement required in item 10 of the application.

☐ The application was submitted on time.

☐ Proof of non-profit status is included (if applicable).

Please date stamp the application and initial.

LODGING TAX EXPENDITURE REPORT
CITY OF CLE ELUM (JLARC)

ACTIVITY INFORMATION:

Year: 2024 **Organization:** City of Cle Elum Public Works

Activity Name: Signs **Activity Type:** Event/Festival (●) Marketing ( ) Facility ( )

Event/Festival- encompasses specific activities such as fairs, festivals, celebrations, etc.
Marketing- encompasses activities which advertise the municipality or town (if lodging tax funds were used to advertise for a specific event/festival, this expenditure falls under the "Event/Festival" category).
Facility- encompasses activities related to facility acquisition, upkeep, renovation, etc.

Start Date: May 2024 **End Date:** unknown

Funds Requested: 5052.00 **Funds Awarded:** _____

Total Activity Cost: 5052.00

Notes: this is for additional signage, cones, barricades for all events within the City of Cle Elum.

OVERALL ATTENDANCE:

*Organizations should provide an estimate of the predicted attendance and a *method for determining the actual attendance. If lodging tax funds were used for an activity not expected to generate measurable attendance (such as a general marketing campaign or an expenditure related to facility upkeep), leave the field blank and use the Notes section to explain.*

Predicted: 200+ **Actual:** 300+

***Method:** attendees for all previous events held within the City of Cle Elum

(See explanation of Method on last page)

Please Explain: *Enter notes about the specific type of method used to determine the attendance count (such as vehicle counts, etc.).*

visual and counts from other events

ATTENDANCE 50+ MILES:

Determine the number of people who traveled more than 50 miles to attend the activity and select the method to tell us how the attendance was quantified.

Predicted: 100+ **Actual:** 400+

***Method:** based on previous events held within the City of Cle Elum.

LODGING TAX EXPENDITURE REPORT
CITY OF CLE ELUM (JLARC) Continued

Please Explain: *Enter notes about the specific type of method used to determine the attendance 50+ miles count (such as surveys or hotel room reservations, etc.).*

visual and counts from other events

ATTENDANCE OUT OF STATE, OUT OF COUNTRY: *(number of people)*

Predicted: 100+ **Actual:** 400+

***Method:** previous events held within the City of Cle Elum.

Please Explain: *Enter notes about the specific type of method used to determine the attendance count (such as vehicle counts, hotel room reservations, etc.).*

visual and counts from other events

ATTENDANCE PAID FOR OVERNIGHT LODGING:

Enter the total number of people who paid for overnight lodging while attending the activity. Organizations using lodging tax funds should quantify this figure and a method for determining it. If lodging tax funds were used for an activity not expected to generate measurable attendance (such as a general marketing campaign or an expenditure related to facility upkeep), leave the field blank and use the Notes section to explain.

Predicted: 100+ **Actual:** 400+

***Method:** counts from previous events held within the City of Cle Elum.

Please Explain: *Enter notes about the specific type of method used to determine the attendance count (such as vehicle counts, hotel room reservations, etc.).*

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PAID LODGING NIGHTS:

Enter the total number of lodging nights associated with this activity. A lodging night is one or more persons occupying a room for a single night. Organizations using lodging tax funds should quantify this figure and select the method used to determine it.

Predicted: 10 **Actual:** 20

***Method:** counts from previous events held within the City of Cle Elum.

Please Explain: *Enter notes about the specific type of method used to determine the number of lodging nights (hotel room reservations,interviews, raffle, etc.).*

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***Method**: Select the method used to determine the overall attendance from these categories to tell us how the overall attendance was quantified.

• **Direct Count**: Actual count of visitors using methods such as paid admissions or registrations, clicker counts at entry points, vehicle counts or number of chairs filled. A direct count may also include information collected directly from businesses, such as hotels, restaurants or tour guides, likely to be affected by an event.

• **Indirect Count**: Estimate based on information related to the number of visitors such as raffle tickets sold, redeemed discount certificates, brochures handed out, police requirements for crowd control or visual estimates.

• **Representative Survey**: Information collected directly from individual visitors/participants. A representative survey is a highly structured data collection tool, based on a defined random sample of participants, and the results can be reliably projected to the entire population attending an event and includes margin of error and confidence level.

• **Informal Survey**: Information collected directly from individual visitors or participants in a nonrandom manner that is not representative of all visitors or participants. Informal survey results cannot be projected to the entire visitor population and provide a limited indicator of attendance because not all participants had an equal chance of being included in the survey.

• **Structured Estimate**: Estimate produced by computing known information related to the event or location. For example, one jurisdiction estimated attendance by dividing the square footage of the event area by the international building code allowance for persons (3 square feet)

• **Please Explain**: Enter notes about the specific type of method used to determine the attendance count (such as vehicle counts, raffle tickets sold, etc.). You may also enter N/A or Other.