

# CITY OF CARLSBAD LODGERS TAX GRANT PROPOSAL

Each Section below must be completed.

**Project Title:**

## Promotional Project

### Non-Promotional Project

### Brief Project Narrative:

**City Department, Applicant:**

**Department Contact Person:**

**Phone:**

**e-mail:**

**(Authorizing Signature, City Department Head)**

**Title:**

(Authorizing Signature, City Administrator)

**Title:**

**Date Application Submitted:**

**Project Start Date:**

**Project Completion Date:**

**Proposed Total Budget for Applicant:**

\$

**Proposed Amount of Eligible Expenses:**

\$

**Amount Requested:**

\$

## **Addition Information Required**

Please prepare your application according to the following instruction. Please be concise and to the point with all your responses. Please try to limit your responses to the space provided and type responses if possible.

**A. Brief Project Narrative – Explain the project in more detail and include pertinent budget information**

**B. Brief Summary and explanation of how this project meets the requirements of a Lodgers Tax Promotional or Non-Promotional Project**

**C. Additional Information as warranted, you may use additional sheets as needed**