

# Burbank Hospitality Association Sponsorship Funding Application

▣ **APPLICANT ORGANIZATION NAME:**

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Mailing Address: \_\_\_\_\_

-

Telephone: \_\_\_\_\_ FAX: \_\_\_\_\_

Website: \_\_\_\_\_

▣ **Primary Contact Information:**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Telephone: \_\_\_\_\_ FAX: \_\_\_\_\_

Email: \_\_\_\_\_

Website (if different from above): \_\_\_\_\_

▣ **BRIEF DESCRIPTION OF YOUR ORGANIZATION OR COMPANY:**

▣ **YOUR ORGANIZATION MISSION STATEMENT OR STATEMENT OF PURPOSE:**

▣ **YOUR ORGANIZATION'S PROGRAMS AND SERVICES:**

Briefly describe your core programs and services and describe any plans for change, growth, or reduction in the proposed year.

IS YOUR ORGANIZATION A NON-PROFIT ORGANIZATION? Yes / No  
If Yes:

1) **Board of Directors Disclosure:** Describe the roles and responsibilities of your Board of Directors and attach a roster of your current Board and Officers to the application.

IS YOUR ORGANIZATION A FOR-PROFIT ORGANIZATION? Yes / No  
If Yes:

1) **Board of Directors Disclosure:** Describe the roles and responsibilities of your Board of Directors and attach a roster of your current Board and Officers to the application.

Closing Date of Applicant's Most Recently Completed Fiscal Year: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**CPA REVIEW/AUDIT** (Please answer the following questions)

Does your organization receive a financial audit\*?  Yes  No

If not, were unaudited financial statements prepared?  Yes  No

Was a copy of the audit report/financial statements submitted to the City?  Yes  No

What period is covered by your most recent audit report/financial statements: \_\_\_\_\_

Does your Board of Directors receive and discuss the management letter from the audit report?  Yes  No

**\*NOTE:** Contractors receiving \$75,000 or more in federal, state, City and/or BHA funds shall have Financial Statement Audits prepared in accordance with GAAP and audited by an independent Certified Public Accountant, in accordance with Generally Accepted Auditing Standards [GAAS]. This audit report shall include the following statements:

- a) A statement of expenditure of BHA funds by program, to be identified in the same expenditure classifications as contained in the final budget and compared with the budgeted amounts;
  - b) A statement of revenues and expenditures, and a balance sheet of all funds received by Corporation; and
  - c) A statement certifying compliance with all terms and conditions of the BHA's contract with Contractor, and that all required reports and disclosures have been submitted, completed by an executive officer of Corporation.
- Contractor shall provide the BHA a copy of the Financial Statement Audit within 150 calendar days of the end of Contractor's last complete fiscal year.

Will your organization receive any other funding in FY 2017-2018?

Yes  No If

"Yes", list funding source(s), amount of funding, and dedicated use of funds:

-  
-  
-

Is your organization applying for any other funding in FY 2017-2018?

Yes  No If

"Yes", list funding source(s), amount of funding requests, and proposed use of funds:

-  
-  
-

**REQUIRED ATTACHMENTS (Please check off prior to submittal)**

The Completed Application must contain the following required documents in this order:

- Signed Application Packet**
- Return on Investment (ROI) For BHA Funds Worksheet**
- Certificate of Good Standing:** Online printout from Secretary of State and Franchise Tax Board [www.ss.ca.gov/business](http://www.ss.ca.gov/business) . All required filings must be current and the status of the business/corporation must have a current "Active" status.
- Board of Directors List (if applicable):** List of Board of Directors including business names and addresses.

Oral Presentation must be emailed to BHA Staff five days prior to BHA Board Meeting (Board Meeting date to be assigned by BHA Staff)

Applicant's Authorized Signatory / Title: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# Proposed Scope of Work Narrative

A written report will be required to the BHA addressing the following categories pertaining to the application. Once a BHA Board Meeting presentation date is set, a brief presentation must be presented highlighting all points below detailed from the written presentation.

1) Proposed Scope of Work

- Specifically detail the scope of work of your proposed sales, marketing and/or event.
- Specifically detail how your event or promotion will sell, market, or promote only BHA hotel properties.

2) Applicant Qualifications

Describe how your organization is uniquely qualified to provide the proposed program or initiative.

3) Budget Assumptions for use of BHA Funds: Provide a supporting narrative of your proposed budgeted allocation and how BHA funds will be used.

4) Targeted Return on Investment (ROI) in BHA Hotel Room Nights: Referencing the ROI For BHA Funds Worksheet, describe your projected return on investment in BHA hotel room night revenue and the benefit that will be realized to the entire assessment district. Specifically detail:

- “*Who*” in the assessment district will be directly benefited (BHA assessed properties with 25 or more rooms);
- “*When*” the benefits will be realized;
- “*Where*” in the assessment district the benefit will be realized; and
- “*How*” you proposed to realize and track the results.

5) Success Measurement and Timing:

Describe what specific actions you have taken and the resources you will or have used to determine your ROI estimate. If a third party will be used to determine the ROI, list the company, their qualifications, and contact information. Describe what tools or device (surveys or other sources) will be used to measure the projected results from your proposed program.

□  
**ROI FOR BHA FUNDS  
 WORKSHEET  
 FY 2017-2018**

ORGANIZATION / PROGRAM NAME: \_\_\_\_\_  
 Staff use only: □ Peak □ Shoulder □ Off-Peak

**FY 207-2018 TARGETED ROI WORKSHEET**

<b>BHA FUNDS REQUESTED</b>	<i>A</i>	\$
<b>DATES OF EVENT OR PROMOTION :</b>		
<b>HISTORIC AVERAGE DAILY RATE (ADR) for EVENT OR PROMO DATES*</b>		\$
<i>* USE BURBANK CITY ADR in TMD Hotel Room Night Revenue from Smith Travel Research (TO BE FILLED IN BY BHA)</i>		

<b>Number of Room Nights Historically Generated by Event or Promotion</b>		
<b>Total Estimated Room Night Revenue @ ADR</b>		\$
<b>Number of NEW Room Nights Generated by Event or Promotion</b>		
<b>Total Estimated NEW Room Night Revenue @ ADR</b>		\$
<b>TOTAL ESTIMATED BURBANK CITY ROOM NIGHTS (combined)</b>		
<b>TOTAL ESTIMATED BURBANK CITY ROOM NIGHT REVENUE (combined)</b>	<i>B</i>	\$

<b>TOTAL RETURN ON INVESTMENT</b> Total Room Night Revenue Generated : Funds Requested ( B/A :1 )	: 1
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<b><u>MEDIA IMPRESSIONS (If Applicable):</u></b>	
International Media (attach separate page if necessary)	
National / Regional Media (attach separate page if necessary)	
Web (attach separate page if necessary)	

Name of Third Party filling out application if other than Applicant

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**Signature of Third Party filling out application if other than Applicant**

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ROI FOR BHA FUNDS  
WORKSHEET  
FY 2017-2018

*Sample*

*Sample*

ORGANIZATION / PROGRAM NAME:

XYZ Organization

<b>SAMPLE</b>		<b>FY 2017-2018 TARGETED ROI WORKSHEET</b>	
<b>BHA FUNDS REQUESTED</b>	A	<b>\$</b>	<b>25,000</b>
<b>DATES OF EVENT OR PROMOTION :</b>		<b>November 11-15, 2014</b>	
<b>HISTORIC AVERAGE DAILY RATE (ADR) for EVENT OR PROMO DATES*</b>		<b>\$</b>	<b>123</b>
* USE BURBANK CITY ADR in Hotel Room Night Revenue from Smith Travel Research (TO BE FILLED IN BY BHA)			

<b>Number of Room Nights Historically Generated by Event or Promotion</b>			<b>3,500</b>
<b>Total Estimated Room Night Revenue @ ADR</b>		<b>\$</b>	<b>430,500</b>
<b>Number of NEW Room Nights Generated by Event or Promotion</b>			<b>500</b>
<b>Total Estimated NEW Room Night Revenue @ ADR</b>		<b>\$</b>	<b>61,500</b>
<b>TOTAL ESTIMATED BURBANK CITY ROOM NIGHTS (combined)</b>			<b>4,000</b>
<b>TOTAL ESTIMATED BURBANK CITY ROOM NIGHT REVENUE (combined)</b>	B	<b>\$</b>	<b>492,000</b>

<b>TOTAL RETURN ON INVESTMENT</b>			
<b>Total Room Night Revenue Generated : Funds Requested</b>			
<b>( B/A :1 )</b>			<b>19.68 : 1</b>

<b>MEDIA IMPRESSIONS (If Applicable):</b>	
<b>International Media (attach separate page if necessary)</b>	<b>NA</b>
<b>National / Regional Media (attach separate page if necessary)</b>	<b>See attached sheet</b>
<b>Web (attach separate page if necessary)</b>	<b>See attached sheet</b>

Name of Third Party filling out application if other than Applicant

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**Signature of Third Party filling out application if other than Applicant**

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