



# County of Lincoln

PO Box 711 \* 300 Central Ave. \* Carrizozo, New Mexico 88301-0711 \* (575) 648-2385

[www.lincolncountynm.gov](http://www.lincolncountynm.gov)

## LODGER'S TAX REQUEST FORM

Name of Event: \_\_\_\_\_ Date(s) of Event: \_\_\_\_\_

Name of Organization(s) applying for Funding: \_\_\_\_\_

Amount Requested: \_\_\_\_\_ Total estimated cost of the Event listed above? \_\_\_\_\_

Describe Event: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have Lincoln County Lodger's Tax funds been requested for this event before? \_\_\_\_\_ YES \_\_\_\_\_ NO

List past year years' requested funding amount(s):

Year: _____	Amount requested: _____	Amount funded: _____
Year: _____	Amount requested: _____	Amount funded: _____
Year: _____	Amount requested: _____	Amount funded: _____
Year: _____	Amount requested: _____	Amount funded: _____

How will the Event track the utilization of County lodging as a result of the Event? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are there any in-kind or matching funds anticipated for the event? \_\_\_\_\_ YES \_\_\_\_\_ NO

Describe: \_\_\_\_\_

Have you requested funding from other sources? \_\_\_\_\_ YES \_\_\_\_\_ NO Amount Requested? \_\_\_\_\_

Please list the anticipated amounts to be used for advertising:

Newspaper: _____	Radio: _____	Social Media: _____
Internet: _____	Printing: _____	Other: _____

Total amount of Out-of-County advertising: \_\_\_\_\_

Are you a current vendor of the County of Lincoln? \_\_\_\_\_ YES \_\_\_\_\_ NO

If I am not a vendor: I will contact Lincoln County Purchasing prior to the next Board of County Commissioners meeting ([purchasing@lincolncountynm.gov](mailto:purchasing@lincolncountynm.gov) / 575-648-2385) \_\_\_\_\_ YES \_\_\_\_\_ NO

## STATEMENTS OF UNDERSTANDING

I understand that I am requesting public funds and they are to be administered according to State Law and Lincoln County Ordinances. \_\_\_\_\_ YES \_\_\_\_\_ NO

I agree to submit a follow-up report with a financial statement within ninety (90) days following the Event or I may forfeit the reimbursable funds. \_\_\_\_\_ YES \_\_\_\_\_ NO

I understand that funding recommended by the Lincoln County Lodger's Tax Committee must be approved by the Lincoln County Board of Commissioners. I also understand that approved funding amounts may differ from the amount requested on this application. \_\_\_\_\_ YES \_\_\_\_\_ NO

I understand that a written agreement must be signed by the County of Lincoln and myself BEFORE any expenditures can be made. \_\_\_\_\_ YES \_\_\_\_\_ NO

Name of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Signature: \_\_\_\_\_

Email this form to: [mwilliams@lincolncountynm.gov](mailto:mwilliams@lincolncountynm.gov).