

Hotel/Motel Tax Application and Financial Reporting Form City of Boone 923 8th Street

Boone, IA 50036

REQUEST MUST BE IN THE AREAS OF ECONOMIC DEVELOPMENT, RECREATIONAL FACILITIES, OR SERVICES.

Amount of Reque	est:		-	
Agency:			_	
Mailing Address: _			-	
City, State, Zip:			-	
Contact Person:			-	
E-mail:			-	
Phone:			-	
Presented on: Incorporation Date:			- -	
Non-profit Certificat	ion: ☐ Yes ☐ No			
	cal to City Central Busing cation due date is the follo	ess Office: December 29th. <u>(if</u> wing Monday).	the 29th falls	
	– –	s been considered and approve of Directors on		
Signatures:				
Executive Director		Chairperson or other authorized person		

Basic Program Information

- 1. What is this agency's mission?
- 2. What specific programs/services does this agency normally provide?
- 3. What are the normal fund-raising activities of this agency?
- 4. To what particular use(s) will any City funds directed to this Agency be put?
- 5. The monies allocated to this agency last year (if any) were used for the following:

Agency:
Receipts and Expenses Information (Budget)
An audit can be requested by the city of Boone if needed.
This table may be used or Financial Statements may be attached

Salaries of Employees					
Title	FTE/PTE	Last Year	Present Year	Next Year	
Total					

	Last Year	Present Year	Next Year
Revenues (All Sources)			
Allocation from Boone Hotel/Motel			
Fund			
Contributions			
Legacies and bequests			
Allocated by Boone County United			
Way			
Allocated by County of Boone			
Fees and Grants from Government			
Agencies			
Membership Dues			
Program Service Fees, Etc.			
Sales of Materials			
Investment Income			
Miscellaneous Income			
Total Revenues			
Expenditures			
Salaries			
Employee Benefits			
Payroll Taxes, Etc.			
Supplies			
Office Rental/Lease			
Equipment			
Travel/ Conference/Meetings			
Specific Assistance to Individuals			
Membership Dues			
Awards and Grants			
Miscellaneous			
Total Expenses			
Excess/Deficit			
Restricted Funds Balance			