

**City of Fayetteville, Texas**  
**HOT Use Reimbursement Grant Application Form**

Deliver this application to the City of Fayetteville Office at 202 West Main Street. Any questions may be directed to the City Secretary at 979/378-2559.

Date submitted to City of Fayetteville \_\_\_\_\_

Applicant (Name/Title) \_\_\_\_\_

Organization/Business \_\_\_\_\_

Business is: Non-Profit  For-Profit  Tax ID: \_\_\_\_\_

Address \_\_\_\_\_

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

Name of Event/Program/Expenditure \_\_\_\_\_

Website if applicable \_\_\_\_\_

Date of Event/Program/Expenditure \_\_\_\_\_

Purpose/Description of Event/Program/Expenditure (Please attach supporting documentation.)

\_\_\_\_\_  
\_\_\_\_\_

If advertising, list publications or media and audiences to be reached \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

If this a reoccurring event, number of rooms booked as a result of your previous event/program/expenditure? \_\_\_\_\_

How many tourists do you anticipate bringing to Fayetteville? \_\_\_\_\_

Amount of HOT funds requested \$ \_\_\_\_\_ Statutory category \_\_\_\_\_

Is this a reoccurring event/expenditure? \_\_\_\_\_ If yes, date and amount of past 2 Grants  
\$ \_\_\_\_\_ dated \_\_\_\_\_ and \$ \_\_\_\_\_ dated \_\_\_\_\_

**City of Fayetteville, Texas**  
**HOT Use Reimbursement Grant Agreement**

This signed agreement must accompany the HOT Use Reimbursement Grant Application. Deliver this agreement to the City of Fayetteville Office at 202 West Main Street. Any questions may be directed to the City Secretary at 979/378-2559.

Applicant (Name/Title) \_\_\_\_\_  
Organization/Business \_\_\_\_\_  
Address \_\_\_\_\_  
Email \_\_\_\_\_ Phone \_\_\_\_\_  
Name of Event/Program/Expenditure \_\_\_\_\_  
Date of Event/Program/Expenditure \_\_\_\_\_  
Amount granted \$ \_\_\_\_\_ (leave blank- to be completed by City Office)

I fully understand the HOT Use Reimbursement Grant Application process and rules established by the Fayetteville City Council. I understand that I am required to use this grant for the event/program to directly enhance tourism in Fayetteville and to increase overnight stays in Fayetteville lodging. I also understand that all requests regarding the reimbursement of funds should be directed solely to the City Secretary.

I hereby agree to abide by the rules governing the HOT Use Reimbursement Grant process. I understand that if I am awarded a HOT Use Reimbursement Grant by the Fayetteville City Council, any deviation from the approved use or rules may result in the partial or total withdrawal of the HOT Use Reimbursement Grant.

**The undersigned individual, business, and/or organization shall fully indemnify, protect and hold harmless the City of Fayetteville, its employees, agents, and servants, of and from all claims, demands, and causes of actions of every kind and character, including the cost of defense thereof, for any injury to, including death of, persons and any losses for damages to property caused by or alleged to be caused, arising out of, or alleged to arise out of, either directly or indirectly or in connection with the event described in the attached application.**

Applicant signature \_\_\_\_\_ Date \_\_\_\_\_

Mayor's signature \_\_\_\_\_ Date \_\_\_\_\_

City Secretary's signature \_\_\_\_\_ Date \_\_\_\_\_

**City of Fayetteville, Texas**  
**HOT Use Reimbursement Grant Follow-Up Form**

This form must be presented within 45 days after the event/program/expenditure to the City of Fayetteville Office at 202 West Main Street. Any questions may be directed to the City Secretary at 979/378-2559. Please attach receipts as supporting documentation.

Date submitted to City of Fayetteville \_\_\_\_\_

Applicant (Name/Title) \_\_\_\_\_

Organization/Business \_\_\_\_\_

Address \_\_\_\_\_

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

Name of Event/Program/Expenditure \_\_\_\_\_

Website if applicable \_\_\_\_\_

Date of Event/Program/Expenditure \_\_\_\_\_

Purpose/Description of Event/Program/Expenditure (Please attach supporting documentation.)  
\_\_\_\_\_  
\_\_\_\_\_

If advertising, list publications or media and audiences to be reached \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Number of tourists brought to Fayetteville \_\_\_\_\_

Rooms booked as result of expenditure \_\_\_\_\_

List where rooms booked \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

HOT funds APPROVED \$ \_\_\_\_\_ Actual qualifying amount spent \$ \_\_\_\_\_

I, \_\_\_\_\_, the undersigned, hereby submit this report in accordance with Section 351.101 of the Texas Tax Code, and certify that the information contained here and attached hereto truly and accurately states the amount and nature of the expenditures of local hotel occupancy tax funds.

By (print name) \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_