

EXHIBIT A
HARRIGAN CENTENNIAL HALL
OFF-SEASON CONVENTION INCENTIVE PROGRAM
APPLICATION FOR FACILITY FEE WAIVER

Visitor Activities Enhancement Fund, SGC 4.40.070

Submit to: Harrigan Centennial Hall Manager | 330 Harbor Drive, Sitka, AK 99835 |

Phone: 907-747-4090 | Email: HCH@cityofsitka.org

Applications must be received no fewer than 90 days prior to the event. All fields are required unless marked optional.

PART 1. APPLICANT INFORMATION

Organization or Individual Name:			
Contact Person:		Title/Role:	
Mailing Address:			
City / State / ZIP:		Phone:	
Email:			

Organization Type (check one): ☐ Nonprofit ☐ For-Profit ☐ Government/Tribal ☐ Other: _____

PART 2. EVENT INFORMATION

Name / Title of Convention or Event:			
Event Start Date:		Event End Date:	
Spaces/Rooms Requested:		Estimated Total Attendees:	
Brief Description of Event Purpose and Primary Audience:			

PART 3. OUT-OF-TOWN ATTENDANCE ESTIMATE

An Applicant must demonstrate that a minimum of 100 attendees will be Out-of-Town Attendees (individuals residing outside the City and Borough of Sitka who will require overnight lodging). Provide your best good-faith estimate and the basis for it.

Estimated number of Out-of-Town Attendees:	
Estimated average number of nights each will stay in Sitka:	
Estimated total hotel / lodging room nights generated:	
Lodging properties where attendees are expected to stay (if known):	

Basis for Out-of-Town Attendance Estimate (check all that apply and describe below):

- ☐ Prior year event attendance records
- ☐ Organizational or association membership list / geographic distribution
- ☐ Hotel room block reservation or letter of intent from lodging property
- ☐ Event registration data or pre-registration count
- ☐ Marketing reach or confirmed invitee list
- ☐ Other (describe below)

Describe the basis for your estimate and attach any supporting documentation:

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PART 4. FACILITY USE AGREEMENT STATUS

A Harrigan Centennial Hall Facility Use Agreement must be in place or in process concurrently with this application.

- ☐ A Facility Use Agreement has already been executed. Agreement number or date: _____
- ☐ A Facility Use Agreement is being processed concurrently with this application.
- ☐ I have not yet contacted Harrigan Centennial Hall regarding a Facility Use Agreement and need assistance.

PART 5. CERTIFICATIONS AND APPLICANT AGREEMENT

By signing below, the Applicant certifies and agrees to the following:

1. All information provided in this application is true, accurate, and complete to the best of the Applicant's knowledge.
2. The Applicant understands that a fee waiver under this Program is subject to appropriated fund availability and is not guaranteed by submission of this application.
3. The Applicant agrees to submit a Post-Event Report to the Harrigan Centennial Hall Manager within 30 calendar days following the event, including verified Out-of-Town Attendee counts and hotel room night data.
4. The Applicant understands that failure to reach 100 verified Out-of-Town Attendees may result in full or partial recapture of the facility fee waiver.
5. The Applicant agrees that any approved waiver will be applied as a credit against facility fees on the event invoice and that no cash payment will be made.
6. The Applicant is in good standing with the City and Borough of Sitka with no outstanding delinquent accounts or unresolved defaults on prior facility use agreements.
7. The Applicant acknowledges that this Program is authorized under SGC 4.40.070 and that the Municipal Administrator retains authority to administer and amend this Program consistent with that provision and the Home Rule Charter.

<i>Authorized Signature / Applicant or Authorized Representative</i>		<i>Date</i>
Printed Name:		
Title / Organization:		

FOR OFFICE USE ONLY. DO NOT WRITE BELOW THIS LINE

Date Application Received:		Received by:	
Application Complete? ☐ Yes ☐ No		Date Completeness Confirmed:	
Supplemental Information Requested (describe):			
Program Year Appropriated Balance at Time of Review: \$		Requested Waiver Amount: \$	
Determination: ☐ Approved ☐ Conditionally Approved ☐ Denied			
Basis for Determination / Conditions:			
Approved Waiver Amount: \$		Remaining Balance After Commitment: \$	

<i>HCH Manager Signature</i>		<i>Date</i>
Printed Name:		

Copy distribution: ☐ Applicant ☐ Finance Department ☐ Municipal Administrator file