



## SUPPLEMENTAL FUNDING REQUEST APPLICATION FORM

**INSTRUCTIONS:** Please complete the ENTIRE application. All budget, financial and project information will be used solely for application evaluation purposes by the Occupancy Tax and Tourism Committee and are subject to **Freedom of Information Law** (Public Officers Law, Article 6) (**FOIL**) requests. If you are submitting information which is considered proprietary "trade secrets" and is confidential to your organization, please indicate such on your application and indicate which sections should be redacted. Should the County receive a FOIL request for this information, we will contact the applicant regarding this matter.

### A. CONTACT INFORMATION

- 1.) Municipality requesting funding  
Warren County Sheriff's Office
- 2.) Funding Requestor/Main Point of Contact  
James A. LaFarr, Sheriff
- 3.) Address:  
1400 State Route 9, Lake George, NY 12845
- 4.) Email/Cell phone:  
Jim.LaFarr@WarrenCountySheriffNY.us
- 5.) Amount of Supplemental Funding Requested: \$ 110,000

### B. FUNDING REQUEST INFORMATION

- 1.) Please attach a detailed 1-2-page typed description of the tourism activity, project or event for which you are seeking supplemental funding. In your summary, please address the following questions.
  - a. How does the funding request directly benefit and enhance tourism within your municipality?
  - b. How does the funding request directly relate or support tourism activities by furthering new tourism business, visitations and contribute to tourism growth and prosperity for the region and municipality?
  - d. How (if applicable) does the funding request support capital projects which facilitate uses by tourists and/or directly increase tourism to an area by enhancing the environment, improving infrastructures related to tourism, conventions, sports, special events, trade shows, and developing, operating and maintaining tourist attraction?
  - e. How does the request (if applicable) support a unique tourism opportunity, event or activity which will further enhance visitation to the region and to your municipality?
  - f. If the funding request is to support a new event, please include event details, dates, times, location, number of anticipated attendees.



e. If the funding request is to support new capital projects, marketing, other tourism-related activities, please provide details regarding the type of project or activity, if the project is currently part of an overall county or municipal-wide recreation plan, and how this activity or project will enhance and improve tourism long and short-term.

**C. FISCAL STABILITY OF THE EVENT/ACTIVITY/PROJECT REQUESTING FUNDING**

1.) Total amount of supplemental funding requested: \$ 110,000

2.) Will these funds be used in conjunction, and/or matched with any other funding sources?

YES, which sources of funding and how much?

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

NO

3) Was this event, activity or project anticipated in your annual budget or is the request to support an unanticipated expenditure?

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

4) **Budget – please attach a total budget for the activity, project or event and indicate total costs, revenue stream and line item expenditures for requested supplemental funding. Please use attached sheet to submit budget.**

**AFFIRMATION**

I have read the "Warren County Supplemental Funding Request Guidelines," agree to abide by them and attest that all information provided in the Warren County Funding Application is truthful and accurate.

Signature of Responsible Party

05/12/2023

Date

James A. LaFarr, Sheriff

Name

Sheriff

Title

Warren County Sheriff's Office

Municipality



VISIT THE  
**Lake George Area**  
 IN NEW YORK'S ADIRONDACKS



\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____

Sponsorship/external funding (detail): \_\_\_\_\_

Fundraising/donations: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

TOTALS      \$ 110,000 \_\_\_\_\_

\$ \_\_\_\_\_

TOTAL EXPENDITURES

\$ 0 \_\_\_\_\_

\$ \_\_\_\_\_

TOTAL INCOME

MEMORIAL DAY	\$2,535.31
AMERICADE	\$37,031.00
CÁR SHOW& TRIATHALON	\$48,078.98
BALLOON FEST & ADK MARATHON	<u>\$22,516.78</u>
	\$110,162.08