

# HOTEL SUPPORT APPLICATION

The Sonoma County Tourism, Inc. ("SCT") "Hotel Support Program" provides financial support to Sonoma County Tourism Business Improvement Area (BIA) hotels to secure group and/or leisure related business.

The program offers funding for unforeseen or unbudgeted costs, where covering the expense increases the likelihood that the business will be contracted at the hotel.

## GROUP SALES SUPPORT PROGRAM POLICY

1. The SCT BIA hotel must complete the following application in its entirety for funding consideration.
2. All fields must be completed with adequate detail and supported with cost breakdown and estimates.
3. Submit completed forms to Sonoma County Tourism's Sales Team at: Allow up to 72 hours for SCT review and consideration. Urgent requests can be made as needed.
4. Approved applications will be signed by SCT, authorizing the expense, and returned to the hotel.
5. SCT must be copied on lead details and hotel proposal.

## ADDITIONAL TERMS AND CONDITIONS

1. If hotel is incurring the expense, please submit a detailed invoices and back up receipts to Sonoma County Tourism ([sales@sonomacounty.com](mailto:sales@sonomacounty.com)) within 30 days to receive reimbursement of the expense.  
**Incurring Expense:** ☐ Hotel ☐ SCT
2. Hotel related expenses do not qualify for the Hotel Support Program unless the expense is a 3rd party vendor.
3. Businesses who violate the policy will not be reimbursed for any expense incurred.
4. Funds are limited and based on first come, first served basis.
5. Sonoma County Tourism reserves the right to amend, suspend, or cancel this program at any time.
6. Any deviation from this policy, application, or reimbursement policy will invalidate the agreement.

## APPLICATION

**PROGRAM TYPE:** ☐ Group/Meetings ☐ Travel Trade ☐ Special Event

Has the group booked in Sonoma County in the previous 24 months? ☐ Yes ☐ No

BIA Hotel: \_\_\_\_\_ Sales Manager: \_\_\_\_\_

Program Name: \_\_\_\_\_ Program Date: \_\_\_\_\_

Est. Room Nights: \_\_\_\_\_ ADR: \_\_\_\_\_ Expense Dates: \_\_\_\_\_

**REQUESTED SUPPORT:** (Please check all that apply)

- |   |   |   |
|---|---|---|
| <input type="radio"/> Airfare                       | <input type="radio"/> Temporary Labor (DMC) | <input type="radio"/> Printing / Shipping |
| <input type="radio"/> Ground Transportation         | <input type="radio"/> Client Gifts          | <input type="radio"/> Winery Experience   |
| <input type="radio"/> Team Building/Outing          | <input type="radio"/> Off-Property Dining   | <input type="radio"/> Golf Activity       |
| <input type="radio"/> Attraction Admission          | <input type="radio"/> Tour(s)               | <input type="radio"/> Reception or Event  |
| <input type="radio"/> Non-Hotel or Offsite Catering | <input type="radio"/> FAM Support           | <input type="radio"/> Other: _____        |

Brief description of expense: \_\_\_\_\_

Amount Requested: \$ \_\_\_\_\_

**SUBMITTED BY APPLICANT'S SALES CONTACT:**

Print Name \_\_\_\_\_ Title \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**SONOMA COUNTY TOURISM** - Received and reviewed by:

Print Name \_\_\_\_\_ Title \_\_\_\_\_

**FOR SCT USE ONLY:** ☐ Approved as requested ☐ Not approved

**BY:** \_\_\_\_\_  
Signature