

**COUNTY OF MONROE  
APPLICATION FOR HOTEL TAX ALLOCATION  
2026 BUDGET**

AGENCY NAME: \_\_\_\_\_ TELEPHONE #: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CONTACT PERSON: \_\_\_\_\_ FAX #: \_\_\_\_\_  
EMAIL ADDRESS: \_\_\_\_\_

**STATE AGENCY'S PURPOSE & MISSION**

ALLOCATION REQUEST: \$ \_\_\_\_\_

**DESCRIBE PURPOSE FOR REQUEST. Additional pages may be used**

PLEASE DESCRIBE HOW THIS PROJECT ENHANCES MONROE COUNTY AS A TOURIST DESTINATION.  
TO WHAT EXTENT WILL VISITORS TO OUR COUNTY BE SERVED BY THIS PROJECT?

**ADDITIONAL PERTINENT INFORMATION TO SUPPORT THE REQUEST**

IF FUNDING IS GRANTED FOR THE PROJECT(S) COMPLETED, FOLLOWING THE EXPENDITURE OF FUNDS,  
THE AGENCY WILL BE REQUIRE TO CERTIFY THAT THE FUNDS WERE EXPENDED AS DESCRIBED IN THE  
'PURPOSE' SECTION OF THIS APPLICATION

THE REQUEST MUST INCLUDE:

1. AGENCY'S BUDGET
2. AGENCY'S MOST RECENT AUDIT (One copy only)
3. AGENCY'S 501©(3)TAX EXEMPT CERTIFICATE, IF NOT ON FILE
3. LIST OF ALL PAID EMPLOYEES, POSITION & SALARY FOR EACH
4. PAID BOARD MEMBERS, IF ANY. STATE IF NONE

\_\_\_\_\_  
SIGNATURE OF OFFICIAL      DATE

**APPLICATION DUE BY AUGUST 29, 2025**

**PLEASE SUBMIT YOUR REQUEST WITH SUPPORTING DOCUMENTATION TO:**

**JENNIFER BARCLAY, DIRECTOR OF FISCAL AFFAIRS**

**MONROE COUNTY ADMINISTRATIVE CENTER**

**ONE QUAKER PLAZA, ROOM 204**

**STROUDSBURG, PA 18360-2164**

**OR EMAIL TO:**

[jbarclay@monroecountypa.gov](mailto:jbarclay@monroecountypa.gov)