

**COUNTY OF MONROE
APPLICATION FOR HOTEL TAX ALLOCATION
2027 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 31, 2026

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