Accommodations Tax Advisory Committee

February 25, 2019

Dear Accommodations Tax Grant Applicant,

Enclosed is the Kershaw County Accommodations Tax Grant Application and guidelines for completing the application. Please review the guidelines carefully prior to filling out the application. The ATAX Committee Guidelines will be strictly adhered to. Grant applicants from the past year are receiving this notification and any other interested parties are encouraged to apply.

The deadline to return applications is March 29, 2019 by 5:00 p.m. Please note that the **original application** and **7 copies** must be received by that date. **PLEASE DO NOT STAPLE**. Mail your applications (or hand deliver) to:

Attn: Accommodations Tax Advisory Committee
Kershaw County Administration
515 Walnut Street
Camden, S.C. 29020

The ATAX committee is comprised of seven community leaders from the hospitality industry, cultural interest affiliation, and county business representatives as specified in the state law. The committee's purpose is to review potential projects and make recommendations to County Council for use of ATAX funds.

If you should have any questions, please contact me at your convenience. I can be reached at (803)425-1500 ext. 5309 for further assistance.

Sincerely,

Merri M Seigler
Clerk to County Council
Executive Administrative Assistant

2019-2020
ACCOMMODATIONS TAX GRANT
GUIDELINES FOR APPLICATION

These general guidelines are written to provide assistance to those preparing grant applications and for those evaluating grant applications.

1. Eligible Applicants:

   Non-profit organizations providing services in Kershaw County.

2. Project Criteria: (Projects must meet one or more of these criteria.)

   a. The project attracts overnight visitation.
   b. The project attracts visitors through marketing and promotion.
   c. The project increases tourism-travel income and enhances future tourism.
   d. The project provides local tourism support.

3. Grant Use:

   a. Generally, the marketing & promotion budget of a project, including:

Newspaper	Radio	Brochure (Flyers)	
Magazines	Television	Billboards	Signage

      As stated in S. C. Code of Laws Section 6-1-530, the revenue generated by the local accommodations tax must be used exclusively for the following purposes:
      1) Tourism-related buildings including, but not limited to, civic centers, coliseums and aquariums
      2) Tourism-related cultural, recreational or historic facilities
      3) Beach access, renourishment or other tourism-related lands and water access
      4) Highway, roads, streets and bridges providing access to tourist destinations
      5) Advertisements and promotions related to tourism development
      6) Water and sewer infrastructure to serve tourism-related demand

   b. Grants cannot be requested to cover cost that other grants are covering.

   c. Generally, grants will not be made to cover the following:
      Administrative Expenses
      Equipment purchase and rental
      Food and Beverage
      Items for resale
      Prizes, trophies, etc.
      Travel Expenses

4. Cost Effectiveness:

   a. Proposed costs are reasonable in terms of the benefits to be obtained from the promotion or event.
   b. Applicants should provide a project budget that indicates all income and expense related to the project and indicates which categories of that total project budget the ATAX funds are requested to cover.
   c. The project has a viable and realistic budget.

PROJECT # _____
(For office use only)

KERSHAW COUNTY ACCOMMODATIONS TAX
GRANT APPLICATION
2019-2020

For the purpose of clarity and uniformity, all applications must be typed on this form or an electronic copy will be provided at your request. If needed, applicants may provide supplemental information in addition to this information. All answers to questions must fit in the spaces provided. All requested documentation must be provided or applications will not be processed. Please do not use staples.

The deadline to return application is March 29, 2019 by 5:00 p.m.

1. **Name of Applicant Organization:** _____

   Address: _____
   Street or P.O. Box City State Zip

2. **Project Director:** _____

3. **Project Name:** _____

   - Has this project been funded with Accommodations Tax money before? _____
     If so, when? _____ Amount? _____

4. **Date project planning begins:** _____ **Date project ends:** _____
   (Completion date must be within 60 days after the date of the publicity, festival or project.)

5. **Date of your project:** _____

6. **Applicant Category:** (attach necessary documentation)

   _____ Government Entity Specify: _____

   _____ Non-Profit and/or Eleemosynary Organization (**US Treasury Dept. letter**)

   _____Other Specify: _____

7. Project Budget: (attach a complete project budget detailing all income and expense projections)

- Total projected income: _____
- Total projected expense: _____
- Accommodations Tax Funds requested: _____

8. **Narrative description and justification of project:** What is your anticipated result, and how will your project let you accomplish this result?

9. **Advertising reach and exposure:** How will your project get people to come to Kershaw County? Approximately how many people outside Kershaw County will be exposed to your project?

10. **If this is an on-going project, approximately how many people attended your festival or attraction last year?**

11. **Provide supporting data for demonstrating overnight stay and origination of tourists.** (Supporting data should encompass "hard" data collected related to project.)

12. **Benefit to the community:** What specific benefits will this project bring to Kershaw County and/or to your organization? What percent of the expense money remains locally to benefit the businesses in Kershaw County?

13. **Provide any additional comments that support the economic impact of this project:**

14. **Support Materials:** Relevant materials should be attached to further illustrate the project. All printed materials require a proposed layout.

Name of person completing this form: _____

Signature: _____
Project Director Date

Signature: _____
Authorized Official Title Date

REQUEST FOR REIMBURSEMENT

ACCOMMODATIONS TAX GRANTEE FINAL REPORTING FORM 2019-2020

I. Grantee Information:

Organization: _____

Non-profit status: _____

Contact: _____

Mailing Address: _____

City: _____ ST _____ Zip Code _____

Phone: _____ Fax: _____

II. Project Information:

Project Name: _____

Project Director: _____

Project Description, with description of how ATAX funds were used to attract or provide for tourists*: _____

_____

_____

Project Dates: _____

Grant Amount Requested 2017-2018: _____

Grant Amount Awarded 2017-2018: _____

III. Budget Information:

	Previous year	Current year
Total Project Budget:	_____	_____
ATAX Grant Amount awarded:	_____	_____
Amount of ATAX Grant spent:	_____	_____
ATAX funds awarded from other sources**:	_____	_____

Other sources of funding for project: _____

_____

_____

* Tourists are defined as those who travel at least 50 miles to attend.
** Includes all A-TAX funded from all sources.

IV. Event Information:

Total Attendance:	*Previous year*	*Current year*
	_____	_____

Total Tourists:*	*Previous year*	*Current year*
	_____	_____

Explanation of increase/decrease: _____

_____

_____

_____

Participants:	*Previous year*	*Current year*
	_____	_____

Explanation of increase/decrease: _____

_____

_____

_____

V. Economic Impact:

Occupancy effects on hotels, motels and bed & breakfasts, number of room nights, etc.

_____

_____

_____

_____

VI. Project Evaluation:

Overall project evaluation. How successful was the event and how did it affect Kershaw County _____

_____

_____

_____

_____

_____

* Tourists are defined as those who travel at least 50 miles to attend.
** Includes all A-TAX funded from all sources.
Actual Economic Impact (Actual revenues received from project.)

In order to receive reimbursement, each of the following items *MUST* accompany your request. This reimbursement request must be received by our Finance Department 90 days after the date of publicity, festival or project. Failure to submit correct information and to follow proper procedures will result in loss of future awards:

A. **Itemized invoice for reimbursable expenditures**
B. **Copy of canceled check for each invoice**
C. **Proof of advertisement, brochure, etc. (i.e. Original tear sheets for each advertisement, two samples of each brochure, picture of each billboard, etc.)**
D. **Copy of non-profit credentials (Treasury Department letter) and a W-9.**

By my signature, I do affirm, agree, and understand that all statements on this form are true and accurate. Any misrepresentation, falsification, or material omission of information or data on this request for reimbursement may result in exclusion from further consideration for Kershaw County Accommodations Tax funding by this organization.

_____

Project Director, Signature Date

For Office use only:

Approved by:

_____

Finance Director, Kershaw County Date