



## ACCOMMODATIONS TAX APPLICATION CHECKLIST

- Determine Application Deadline for your project.
- Complete Current Application:
  - If returning to the Board for funding, a completed performance report must be on file for previously funded events before a new application is submitted.
- Complete Economic Impact Worksheet (Attached).
- Attach a detailed budget of expenditures and revenues.
- Provide proof of exemption status
  - Copy of tax exemption determination letter
- W-9 (First time applicants only)

**Deadlines for Applications are March 31<sup>st</sup> and September 30<sup>th</sup>. The Accommodations Tax Advisory Committee meets twice a year to recommend funding allocations to Council based on qualifying criteria.**

Return to: Colleton County Accommodations Tax Advisory Board 109 Benson Street, P.O. Box 157, Walterboro, SC 29488 or email all items to [kbrinson@colletoncounty.org](mailto:kbrinson@colletoncounty.org).

*Failure to provide completed forms on time may disqualify the applicant from receiving accommodations tax support. Meetings take place twice a year as advertised. Applicants are required to appear before the Board to present their request. Applicants will be notified in writing of County Council's decision. Funding recipients must recognize Colleton County as a sponsor on all promotional materials. Funds will be disbursed on a reimbursement basis. Copy of Invoice or documentation obligating entity are required.*

## Accommodations Tax Application Guidelines

Thank you for your interest in Colleton County Accommodations Tax Program. The following policies and procedures for making an application to the Tourism-related Fund are provided below for your assistance. Grant Overview & Guidelines are also available for your information on our website and should be reviewed prior to making an application.

Funding provided by Accommodations Tax used for promotion and advertising specifically designed to bring tourists to Colleton County, is made under the provision that the Colleton County will be listed as a co-sponsor on all advertising, including, but not limited to, all print media, radio, television and web ads. Funding priority will be awarded to those whose project will attract people to stay overnight in Colleton County and frequent Colleton County restaurants.

Grants funds from the Accommodations Tax Program should be considered supplementary to the budget of any applicant, and unless otherwise approved, must be used within the fiscal year for which the funds were approved.

**Number of Copies:** Applicant should submit one (1) original and eight (8) unbound applications (binder-clips acceptable). All applications must be typed/printed.

**Eligible Applicants:** The applicant must be a public or private non-profit organization.

**Disbursement of Funds:** Generally, funding is of the reimbursement method with appropriate documentation (i.e., signed contract(s), detailed invoice(s), canceled check(s), etc.).

**Financial Statements:** If your organization received funding last year, a copy of the final financial statement must accompany this application.

**Other Accommodations Tax Funding:** Organizations must indicate any other accommodations tax funds they have requested or received from other municipalities or counties for this funding year.

**Funding Approval:** Funding in one calendar year does not automatically ensure funding in subsequent years. Organizations seeking accommodation tax funding must submit an application each year. The Colleton County Accommodation Tax Committee will hold a public meeting to review applications, and if deemed appropriate, to hear presentations from selected applicants.

*IMPORTANT: Please note that a representative from your organization must be present at the accommodations tax advisory committee meeting to answer any questions or provide additional information needed by the committee. Presentations to the Accommodations Tax Advisory Board shall be no more than **5 minutes** in length and should address the items listed below as well as the questions listed on the application. Failure to have a representative present at this meeting could result in your application to be dismissed without consideration.*

## ACCOMMODATIONS TAX FUNDING APPLICATION

Please check the appropriate category:

- |  |   |
|--|---|
| <input type="checkbox"/> Festival/event    | <input type="checkbox"/> Marketing/Promotions/Advertising                                 |
| <input type="checkbox"/> Public Facilities | <input type="checkbox"/> Visitor Information Center                                       |
| <input type="checkbox"/> Tourist Shuttle   | <input type="checkbox"/> Waste Collection   |
| <input type="checkbox"/> Law Enforcement   | <input type="checkbox"/> Waterfront Erosion Control/Repair                                |
| <input type="checkbox"/> Fire Protection   | <input type="checkbox"/> Construction/maintenance/operation of civic or cultural facility |

1. Name of Applicant Organization: \_\_\_\_\_

2. Mailing Address: \_\_\_\_\_

3. Name of Project: \_\_\_\_\_

4. Date of Festival/Event: \_\_\_\_\_

5. Dates you will begin and complete work on your project: \_\_\_\_\_

Project Director: \_\_\_\_\_ Title: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Email address: \_\_\_\_\_

6. Applicant Category: (Check the description that best describes your organization).

- Government Agency       Non-profit       Private Business       Other

7. Please check which tax status applies to your organization:

- Not-For-Profit as registered with the Secretary of State of South Carolina

Date of Incorporation \_\_\_\_\_ Charter # \_\_\_\_\_

- Federal Exempt under IRS Code 501(c)

Date of IRS Tax Exempt Determination Letter \_\_\_\_\_ (attach copy of letter)

Please provide W-9 by attaching to this application.

8. Amount of Request: \_\_\_\_\_

9. Have you received funds from the Accommodations Tax Fund previously?       Yes       No

If yes, how much? \_\_\_\_\_ What Years? \_\_\_\_\_

Applicants must complete this application in its entirety. Supplemental information shall be no more than 2 pages in length. Projects submitted for consideration must demonstrate a relationship to or impact on the visitor and tourist industry within the community. Funding recipients must recognize Colleton County as a sponsor on all promotional materials.

10. In order to comply with the State’s Tourism Expenditure Review Committee annual reporting requirements, please classify your current budget request only into the following authorized categories:

1	Destination Advertising/Promotion	_____	%
2	Tourism-Related Events	_____	%
3	Tourism-Related Facilities	_____	%
4	Tourism-Related Public Services	_____	%
5	Tourist Public Transportation	_____	%
6	Waterfront Erosion Control/Repair	_____	%
7	Operation of Visitor Information Centers	_____	%
	Total	_____	%

Note: See TERC authorized category descriptions below:

- 1-Advertising and promotion of tourism so as to develop and increase tourist attendance through the generation of publicity.
- 2-Promotion of arts and cultural events.
- 3-Construction, maintenance and operation of facilities for civic and cultural activities including construction and maintenance of access and other nearby roads and utilities for the facilities.
- 4-The criminal justice system, law enforcement, fire protection, solid waste collection and health facilities when required to serve tourists and tourist facilities. This is based on the estimated percentage of costs directly attributed to tourists. Also includes public facilities such as restrooms, dressing rooms, parks and parking lots.
- 5-Tourist shuttle transportation.
- 6-Control and repair of waterfront erosion.
- 7-Operating visitor information centers.

11. Briefly describe your project and its goals and objectives.

12. Describe how your project will enhance the visitor and tourist trade within Colleton County. (State estimated tourist/visitor dollars to the community, # of visitors expected, other verifiable objectives, etc.)

13. If festival or event, who will be your target audience? What is your estimated total attendance? How many out of town visitors/tourists\* do you anticipate attending? If overnight visitors are expected, how many room nights are anticipated? Please fill out attached worksheet. (\*Tourists are defined as those who travel at least 50 miles to attend.)
  
14. If requesting funding for marketing promotions, what is the medium, target audience for the promotional package and estimated number of readers?
  
15. What will it cost to execute this project and what amount is being requested? Provide detailed budget of expenditures and revenues. List other sources\* of funding if applicable. (\*Including amounts funded from other A-tax sources.)
  
16. If you are granted some, but not all of the amount you requested, what impact would such partial funding have on your activities? What would you change to account for the partial funding?

17. Is County support required? If so, describe requirements expected including personnel (i.e. police, garbage, public services) and the itemized estimated cost of such services.

18. Other comments for consideration.

**Financial Guarantees:**

19. Provide a copy of the official minutes wherein the organization approves the application.

**Prior Recipient's Report (if you received prior ATAX Funds)**

20. Include the total annual ATAX funding received each year that you applied.

21. How did you use the ATAX funds? Where the objectives achieved?

22. What impact did this have on the community and/or how did it benefit tourism?

23. Please indicate how your organization measures the effectiveness of both the overall activity and of individual programs.

24. Economic Impact Estimation

Name of Event	Estimated Attendance	Room Nights Estimated	Out of Town Visitors	Days in Town	Estimated Visitor Days (# of Visitors x Days in Town)

Room Night is defined as the total number of rooms multiplied by nights occupied.

Visitor is defined as someone who travels at least 50 miles to attend/stays overnight from home in paid accommodations or someone traveling to a high tourist area from outside their home community.

Economic Impact

Average Daily Expenditures	\$170.00
Dollars Requested	\$
Estimated Economic Impact = Visitor Days x Expenditures	\$

\_\_\_\_\_  
Project Director (signature)

\_\_\_\_\_  
Date