



## ACCOMMODATIONS TAX APPLICATION CHECKLIST

- ☐ Complete Current Application
- ☐ Completed Accommodations Tax Funding Report (If you received funding last year this must be complete.)
- ☐ 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)

**Applications will only be accepted from June 1<sup>st</sup> through August 31<sup>st</sup> and should be submitted through email to [dmurdaugh@colletoncounty.org](mailto:dmurdaugh@colletoncounty.org). The Accommodations Tax Advisory Committee meets once a year to recommend funding allocations to Council based on qualifying criteria.**

**All accommodations tax instructions and guidelines can be found at <https://www.colletoncounty.org/boards-commissions-and-committees/accommodations-tax-advisory-board>.**

*Failure to provide completed forms on time may disqualify the applicant from receiving accommodations tax support. Meetings take place once a year as advertised. Applicants may be 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. Copy of Invoice or documentation obligating entity are required.*

## **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"/> Construction/Maintenance                |
| <input type="checkbox"/> Waste Collection  | <input type="checkbox"/> 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 Number:

---

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 a copy of the letter).

\*Please provide a W-9 by attaching it 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? \_\_\_\_\_

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. If it is a festival or event, 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? (\*Tourists are defined as those who travel at least 50 miles to attend.)

12. If requesting funding for marketing promotions, what is the medium, target audience for the promotional package and estimated number of readers?

13. If requesting funding for marketing promotions, what is the medium, target audience for the promotional package and estimated number of readers?

14. What will it cost to complete this project and what amount is being requested? Provide a detailed budget of expenditures and revenues. List other sources\* of funding if applicable. (\*Including amounts funded from other A-tax sources.)
15. Other comments for consideration.

#### Financial Guarantees:

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

#### Estimated Projection of Economic Impact

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.

\*Visitors are 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.

#### Estimated Projection of Economic Impact

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

\_\_\_\_\_  
Project Coordinator Signature

\_\_\_\_\_  
Date

# Accommodations Tax Funding

## Final Report

You may record information directly on this form or create a separate document for more detailed responses.

### 1. Project Information:

Organization Name: \_\_\_\_\_

Project Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

### 2. Project Completion:

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

---

---

---

---

---

### 3. Project Success:

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

---

---

---

---

---

4. **Project Attendance:**

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