



# ACCOMMODATIONS TAX APPLICATION

Funding for FY17 (July 1, 2016 – June 30, 2017)

**Due: March 2, 2016, before 5 p.m.**

## ORGANIZATION INFORMATION

NAME OF ORGANIZATION:

INCORPORATION DATE:

FEDERAL ID #:

CONTACT:

PHYSICAL ADDRESS:

MAILING ADDRESS:

TELEPHONE:

CELL:

FAX:

E-MAIL:

## MISSION STATEMENT

## PROJECT INFORMATION

PROJECT TITLE:

PROJECT START DATE:

PROJECT END DATE:

TOTAL PROJECT COST:

TOTAL AMOUNT REQUESTED:

## PROJECT DESCRIPTION AND GOALS

Describe the project and its tourism mission (If needed, an additional sheet is attached):

## **PROJECT DESCRIPTION AND GOALS**

Additional sheet, if needed

PROGRAM LOCATIONS (Please list the street address of all program locations that will be funded through A-Tax grant funds. Please indicate if program or project will be held on County property.)

Does Your Project Require Permits?

Yes

No

If yes, list those required permits:

### TOURIST INFORMATION

PROJECTED FULL ATTENDANCE:

PROJECTED NUMBER OF TOURISTS:

PROJECTED TOTAL MEALS CONSUMED:

PROJECTED TOTAL OVERNIGHTS:

Describe how your organization determined the numbers above and indicate the numbers of meals and room stays estimated in unincorporated Richland County:

Describe the benefit to Tourism (How does it promote and highlight unincorporated Richland County's historic and cultural venues, recreational facilities and events, and the uniqueness and flavor of the local community?):

Describe the benefit to the community in which the project will be held:

## **MARKETING PLAN**

Outline your project's marketing plan (Include how you plan to reach tourists and work with local restaurants. Also include tracking mechanism used to determine tourist attendance):

**MARKETING PLAN**  
Additional sheet, if needed

## PERFORMANCE MEASUREMENTS

What performance measures will you use to determine the success of your advertising and marketing efforts for this project?

Provide evidence of success for similar programs/events and the capacity to make this project successful:

## SUSTAINABILITY

What efforts are being made to increase the sustainability of this project/program and decrease the reliance on County A-Tax funding?

## PARTNERSHIPS/COMMUNITY SUPPORT

Describe your partnership efforts with similar organizations in Richland County that assist in furthering the mission of your organization (List names of partnering organizations if applicable):

## ORGANIZATIONAL FUNDING HISTORY

Total amount contributed by Richland County (all sources):

	H-Tax	A-Tax	Discretionary	Other	Total
FY14					
FY15					
FY16					

**Please complete the following budget breakdown using your organization's operating budget or 990. These figures should be for your full budget, not just the project you are seeking grants funds for.**

Contributed Income	FY14	FY15	FY16
Municipal grants			
County grants			
State grants			
Federal grants			
Foundation/corporate grants			
Contributions			
Other contributed			
<b>Total Contributed Income</b>			

**Please complete the following budget breakdown using your organization's operating budget or 990. These figures should be for your full budget, not just the project you are seeking grants funds for.**

Earned Income	FY14	FY15	FY16
Admission/tickets			

Season tickets/subscriptions			
Tuition/fees			
Publications			
Concessions/merch			
Advertising			
Facility rental			
Special Event fundraisers			
Other			
<b>Total Earned Revenue</b>			
<b>Total combined (contributed + earned) Revenue</b>			
<b>Please complete the following budget breakdown using your organization's operating budget or 990. These figures should be for your full budget, not just the project you are seeking grants funds for.</b>			
<b>Expenses</b>	<b>FY14</b>	<b>FY15</b>	<b>FY16</b>
Program services			
Fundraising			
Administration/Management/General			
Other			
<b>Total Expenses</b>			
Will your organization's FY17 budget be significantly different than FY16? Please explain any variance over 10%.			

**REQUIRED ATTACHMENTS: Attachments MUST be submitted along with proposal.**

- Budget and budget narrative (See budget form below)
- Letter from IRS confirming 501 c 3 nonprofit status
- Proof of current registration as a charity with the SC Secretary of State
- List of organization's current Board Members/Directors
- Most recent 990 tax form. If you file a 990 post-card please also attach a financial report showing financial status
- One (1) additional page for project description **(Optional)**
- One (1) additional page for budget narrative/justification **(Optional)**

**STATEMENT OF ASSURANCES**

*Upon grant application acceptance and funding award, applicant agrees that financial records, support documents, statistical records and all other records pertinent to Hospitality Tax funding shall be retained for a period of three years. All procurement transactions, regardless of whether negotiated or advertised and without regard to dollar value, shall be conducted in a matter so as to provide maximum open free competition. The funding recipient shall establish safeguards to prohibit employees from using their positions for a purpose that has the appearance of being motivated by a desire for private gain for themselves and others. All expenditures must have adequate documentation. All accounting records and supporting documentation shall be available for inspection by Richland County upon request. No person, on the basis of race, color, or national origin, should be excluded from participation in, be denied the benefit of or be otherwise subjected to discrimination under the program or activity funding in whole or in part by Hospitality Tax funds. Employment made by or resulting from Hospitality Tax funding shall not discriminate against any employee or applicant on the basis of handicap, age, race, color, religion, sex, or national origin. None of the funds, materials, property, or services provided directly or indirectly under Hospitality Tax funding shall be used for any partisan political activity, or to further the election or defeat of any candidate for public office. The applicant hereby certifies that the information submitted as part of this application is accurate and reliable. Any change and/or variation must be reported immediately, otherwise, funding may be withheld.*

**Providing signature of the Executive Director and Board Chair of the organization verifies accuracy of the information provided in this application and attachments as well as agreeing to the assurances written above.**

\_\_\_\_\_  
Board Chair

\_\_\_\_\_  
Date

\_\_\_\_\_  
Executive Director

\_\_\_\_\_  
Date

## ACCOMMODATIONS TAX GRANT BUDGET FORM

List the expenses for your project below. Add expense categories in the blank lines below, if needed.

Expense Category	County A-Tax Request	Other Sources	Total
Advertising/Marketing/Promotion/Billboards			
Advertising/Marketing Related Salary			
Municipal Services/Security			
Entertainment/Speakers/Guest Artists			
Event Rentals			
Supplies			
Consultants/Contractors			
<b>Total</b>			

### INCOME SOURCES

List the income sources for your program or project below. Include the amount requested in this application.

Income Source	Amount	Pending/Received
FY17 Richland County A-Tax Request		
<b>Total</b>		

### BUDGET NARRATIVE

Provide a detailed narrative of expenses in the A-Tax Grant Request expense column. Add (1) additional sheet, if needed.

**BUDGET NARRATIVE**

Additional sheet, if needed

## APPLICATION CHECKLIST

**This sheet is not part of the application, but a tool to assist you in preparing your application.**

### **Required Elements:**

Completed application form - Incomplete applications will not be evaluated. Answers such as "N/A" or "See Attached" are not appropriate. Answer each question and make sure each point in the guidelines is addressed.

Board Chair signed and dated the application

Executive Director signed and dated the application – please note in the signature line if your organization does not have an executive director (all volunteer organization).

Fill out the budget form and narrative

Attach IRS determination letter indicating 501 c 3, nonprofit charitable status

Attach proof of current registration as a charity with the SC Secretary of State

Attach list of current Board of Directors

Attach recent 990 tax form. If you file a 990 post-card please also attach a financial report showing financial status

### **Optional Elements:**

Attach additional **one**-page project description

Attach additional **one**-page budget narrative/justification

### **Application Packet**

Make a copy to keep on file (applicant organization)

Submit one original and 5 copies of the application (total of 6)

Secure each application with a staple, paper clip or binder clip. No report folders or binders, please.

### **REMINDERS**

The Application deadline is 5:00 pm **Wednesday, March 2, 2016**. **Late applications will NOT be accepted.** Richland County does not accept applications sent via fax or email.

#### **Mail Application to:**

Richland County Administrator's Office  
Attn: Natasha Dozier  
PO Box 192  
Columbia, SC 29202

#### **Hand Deliver Application to:**

Richland County Administrator's Office  
Attn: Natasha Dozier  
2020 Hampton Street, Suite 4069  
Columbia, SC 29204

### **QUESTIONS**

Call 803.576.2069 or email [doziern@rcgov.us](mailto:doziern@rcgov.us) if you have any questions concerning the application process or the A-Tax County grant program.