

# GEORGETOWN COUNTY ACCOMMODATIONS TAX GRANT APPLICATION

A separate application is required for each significantly different event or project for which funding is requested.

**DEADLINE FOR APPLICATION:** See the Grants Schedule in "State Accommodations Tax Grants" section of County's website

Please type and submit application form via scan/email (or via hard copy) to the person listed at end of this application form.

A copy of your completed application will be distributed to the ATAX Committee and the Finance Director.

If you prefer to use a WORD version of this application form, contact the Finance Dept. so that it can be emailed to you.

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

2. Mailing Address: \_\_\_\_\_  
Street or P.O. Box City State Zip

3. Project Director: \_\_\_\_\_

Project Treasurer or Administrative Official: \_\_\_\_\_

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

4. Accommodations tax funds may only be used to attract and/or provide for tourists as specified in Title 6, Chapter 4, of the South Carolina Code of Laws, excerpts of which can be found on the County's website. Have you reviewed these legal provisions in conjunction with submitting this application? Yes \_\_\_\_\_ No \_\_\_\_\_

5. Event or Project Name: \_\_\_\_\_

List below any Accommodations Tax funding that you were previously awarded by Georgetown County for this specific event or project.

\_\_\_\_\_  
\_\_\_\_\_

List Accommodations Tax funding that you were awarded in the previous 5 years for other events or projects.

\_\_\_\_\_

List any accommodations tax funds you have requested or received from other municipalities or counties for this proposed event or project.

\_\_\_\_\_  
Name Amount

6. Date you will begin and complete work on your event or project? \_\_\_\_\_  
Begin - Month/Year End - Month/Year

**Note:** Generally, events or projects must be completed within the calendar year following award unless otherwise specified or implied by the Accommodations Tax Advisory Committee or County Council. Refer to Item #3 in the Accommodations Tax Grant Program Guidelines for exceptions and a more detailed explanation.

7. Applicant Category (check all that apply):

\_\_\_\_\_ Not-for-Profit organization registered with the Secretary of South Carolina

\_\_\_\_\_ Eleemosynary organization established under IRS Code 501(c) 3,4,5,6,7,10

\_\_\_\_\_ Other Not-for-Profit organization

\_\_\_\_\_ Government or governmental agency

\_\_\_\_\_ For-Profit organization

8. Federal Employee Identification Number (EIN): \_\_\_\_\_

9. Total Estimated Costs of the Proposed Event or Project: \$ \_\_\_\_\_  
 Accommodations Tax Funds Requested: \$ \_\_\_\_\_  
 Projected Funding from Other Sources: \$ \_\_\_\_\_ List the source: \_\_\_\_\_
10. If your organization is in need of marketing support, please review ATAX Guideline #5. Advise if your organization has submitted a grant application for such marketing support to the Georgetown County Tourism Management Commission (TMC)? Yes \_\_\_\_\_ No \_\_\_\_\_
11. If you intend to use Accommodations Tax funds as a required match for other grant funding, please provide complete details of the match requirement and how the timing of one or more dependent funding sources will be coordinated. You must be able to demonstrate that your event or project will not be delayed by the other grant's match requirement and that it will be completed within the time allotted in our guidelines.
12. Will your organization need advance funding for this event or project? Yes \_\_\_\_\_ No \_\_\_\_\_
13. What is the anticipated total attendance for your event? \_\_\_\_\_ Total "tourists" anticipated? \_\_\_\_\_
14. Provide the information below in an attachment to your application:
- A. A balance sheet for your organization as of the most recently completed and compiled month end.
  - B. A detailed budget showing projected revenues and expenditures for the entire event or project proposed.
  - C. A defined budget for the particular costs of the event or project for which you are seeking accommodations tax funding. The accommodations tax advisory committee must know specifically how you intend to spend your award.
  - D. A brief summary description of the proposed event or project. This description will be used in executive summaries and for annual reporting purposes where space is limited. Accordingly, this description must be limited to no more than 100 words.
  - E. An expanded description of the proposed event or project as may be necessary to provide sufficient detail for your proposed event or project to be properly evaluated; however be as concise as possible.
  - F. List or describe any volunteer time or donated goods and services anticipated for the proposed event or project and provide a reasonable estimate of the value of such donations.
  - G. Describe how the proposed event or project relates to the organization's purposes and identify who is expected to benefit.
  - H. Describe the expected impact on tourism and the tourism industry in the area served. Certain tourism-related expenditures must be awarded on a "percentage of tourism" basis. Applicants must be able to substantiate how much of the total expenditure is related to tourism.
  - I. Describe how the effectiveness of the event or project in attracting or providing for tourists will be evaluated?

SIGNING THIS DOCUMENT CONSTITUTES A STATEMENT OF INTENT TO COMPLY WITH ALL ACCOMMODATIONS TAX GRANT PROGRAM GUIDELINES, INCLUDING THE REQUIREMENT TO FOLLOW GEORGETOWN COUNTY PROCUREMENT POLICIES AND PROCEDURES.

**I CERTIFY THE INFORMATION PROVIDED IN THIS APPLICATION IS TRUE, CORRECT AND COMPLETE.**

Event or Project Director: \_\_\_\_\_ Date: \_\_\_\_\_

Project Treasurer or Administrative Official: \_\_\_\_\_ Date: \_\_\_\_\_

**RETURN TO:** **Glenda J Long, Finance Department**  
**County of Georgetown**  
**P.O. Drawer 421270**  
**Georgetown, SC 29442**  
**Email: [gjlong@gtcounty.org](mailto:gjlong@gtcounty.org)**  
**Phone: 843-545-3251**