

**CHESTER COUNTY ACCOMODATIONS TAX
GRANT APPLICATION FOR FY 2020/2021**

**THIS APPLICATION IS FOR EVENTS THAT WILL BE HELD DURING THE PERIOD
JULY 1, 2020 - JUNE 30, 2021. DO NOT APPLY FOR EVENTS HELD PRIOR TO
JULY 1, 2020.**

All questions must be answered, and please do not complete with "not applicable." Incomplete applications will not be considered and will be returned. Because of legibility, please type this application. **Submit an original and seven (7) copies to the Accommodations Tax Committee at the address listed below.**

Name of Project/Event _____

Name of Organization _____

Address _____
Street or PO Box City State Zip Code

Project Director _____ Contact Number _____

Applicant Category:

- (a) _____ Government entity: Agency _____; Board _____; Commission _____
- (b) _____ Non-profit as registered with the Secretary of State of South Carolina
- (c) _____ Charity Organization
- (d) _____ Other specify) _____

Has this project been funded with Accommodations Tax monies before _____yes _____no

Date project **planning** begins _____ Date project **planning** ends _____

Date and location of your project/event _____

Description of Project/Event:

Explain how you expect the project/event to attract and promote tourism to the area:

Please explain what type of register or documentation you will use to provide the total attendance and the percentage of tourism generated by the project/event (zip codes, license plates, addresses (town/city/state) and whether they are staying in a motel/hotel (yes/no). You cannot estimate your numbers because State will not accept your estimate.

PROJECT/EVENT ATTENDANCE FOR THE TWO PREVIOUS YEARS:

Please record your information for the past two fiscal years in the table below, so the Committee may make a qualified decision as to your eligibility. **You will find these numbers on your final report you turned in to the Finance Office.**

	FY 2018-2019	FY 2019-2020
Total budget of project/event		
Amount funded by Chester Co. A-TAX		
Amount funded by A-TAX from all sources		
Total attendance		
Total tourists*		

If you have never been funded by ATAX before, please provide us with any paper work that will show how you have been funded in the past.

Total Project Budget \$ _____

Funds Requested \$ _____

List amounts and sources of all other funding:

<u>SOURCE</u>	<u>AMOUNT</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Signature _____ Date _____
Project Director

Signature _____ Date _____
Administrative Official/Title/Organization

**RETURN TO: CHESTER COUNTY FINANCE DEPARTMENT
POST OFFICE BOX 580
CHESTER, SC 29706**

**OR HAND DELIVER TO:
RODDEY BUILDING, 1476 J. A. COCHRAN BYPASS
FINANCE OFFICE**

FOR ATAX COMMITTEE USE ONLY

Date Application Received _____

Funding Level Recommended _____

FOR FINANCE DEPARTMENT USE ONLY

Project Number: _____

Fund Level Approved by County Council _____

FY 2020/2021 ACCOMMODATIONS TAX FUNDING

FINAL REPORT

(Please use additional sheets if necessary to respond to each category) **(Also provide letter from project director stating that the amount requested for reimbursement is for the project that was specified in the initial application. RETURN REPORT TO: CHESTER CO. FINANCE DEPT., PO DRAWER 580, CHESTER, SC 29706**

ATTACHMENT 1

I. PROJECT/EVENT INFO:

Organization Name: _____

Project Name/Description: _____

Contact Name: _____ Phone: _____

II. PROJECT/EVENT COMPLETION:

Were you able to complete the project/event as stated in your original application?

If no, state any problems you encountered.

III. PROJECT/EVENT SUCCESS:

How did this project/event attract tourists and what was the economic impact? Please provide any additional comments you may have regarding the project (i.e. lessons learned, successes, problems encountered, etc.)

IV. PROJECT/EVENT ATTENDANCE:

Record numbers in table below, as requested by the Tourism Expenditure Review Committee. Numbers are to reflect attendance and funds received for projects for current and previous years. **You will find the numbers for FY 2019/2020 on your final report that you turned in to the Finance Office for that year.**

	2019/2020	2020/2021
Total budget of project/event		
Amount funded by Chester Co. ATAX		
Amount funded by A-TAX from all sources		
Total attendance		
Total tourists*		

***Tourists are generally defined as those who travel at least 50 miles to attend. Columbia has stated that they will consider Charlotte visitors as being tourists.**

V. METHODS:

Please attach your registration lists and/or registers to validate the attendance data listed above (.zip codes, license plates, addresses (town/city/state) and whether they are staying in a motel/hotel (yes/no).

VI. PROJECT BUDGET: Attach your report indicating project expenses (do not attach invoices, checks, etc.)

VII. ORGANIZATION SIGNATURE:

Provide signature of official within organization, verifying accuracy of above statements.

_____	_____
Name (Print)	Title
_____	_____
Signature	Date