



## Accommodations Tax Funding Final Report

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

### PROJECT INFORMATION:

Organization Name:

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Project Name:

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Contact Name:

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### PROJECT COMPLETION:

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

Yes  No

If no, state discrepancies:

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### PROJECT SUCCESS:

Please share any additional comments regarding the project (e.g., lessons learned, successes, problems encountered, etc.)

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### PROJECT ATTENDANCE:

Record numbers below. Numbers are to reflect attendance and funds received for projects for both the current and previous periods.

Total budget of event/project: \_\_\_\_\_

2021-2022 Budget: \_\_\_\_\_

2022-2023 Budget: \_\_\_\_\_

Amount funded by City of Travelers Rest A-Tax Grant: \_\_\_\_\_

Amount funded A-Tax from all sources: \_\_\_\_\_

Total attendance: \_\_\_\_\_

\* Total tourists: \_\_\_\_\_

\* Tourists are generally defined as those who travel at least 50 miles to attend; however, the Committee considers every project/event on a case by cases basis.

**METHODS:**

Please describe the methods used to capture the attendance data listed above (e.g., license plates, surveys, zip codes, etc.)

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**BUDGET:**

Amount funded by Travelers Rest A-Tax: \_\_\_\_\_

Amount funded by A-Tax from other jurisdictions: \_\_\_\_\_

Amount funded from all other sources (grants, sponsors, donations for the project in which you applied for not including A-Tax funds received) \_\_\_\_\_

**Total Amount of Expenditures** (total cost of producing program in which you applied for) \_\_\_\_\_

**Signature:**

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

Name: Title:

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Signature: Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

For questions, please call Mike Forman, Planning Director at 864.834.8740

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