

Accommodations Tax Grant Application FY 2024-2025

NAME OF EVENT: _____

Application Deadline: Monday, May 1, 2024

Mail Completed Application To: City of Travelers Rest Attn: Accommodations Tax Grant

Application, 125 Trailblazer Dr Travelers Rest, SC 29690

Date of application: _____ Amount of request: _____

Tourism Related Expenditure Category (1 – 8) _____ (see program guidelines)

Organization: Name: _____

Address: _____

Authorized Representative: _____

Phone Number: _____

Email Address: _____

Tax status: (check one) Tax-exempt charitable organization Governmental tax-exempt unit

Church/Religious organization Other

Federal Employee Identification Number (FEIN): _____

Date(s) of project/event: _____

Briefly describe your project/event, and its goals and objectives.

Describe how your project/event will enhance the visitor/tourist trade for the City of Travelers Rest.

Have you received funding for this event from any other source? Yes No If yes, please explain below.

Total expected attendance: _____

Number of Tourist/Visitors Expected*: _____

“Travel” and “Tourism” mean the action and activities of people taking trips outside their home communities for any purpose, except daily commuting to and from work. Because there is no clear definition of “home community,” a tourist is generally one that comes from 50 miles outside of their homes.

How do you measure attendance and determine how many visitors attend your event?

Is City support required? Yes No If yes, describe requirements expected including personnel (i.e. Police Department Officers) and the estimated cost of such activities.

Is this cost included in this Accommodations Tax Grant request? Yes No

Will funding be requested on a continued basis? Yes No

If yes, how many years? _____

List other tourism-related projects/events in which the agency has been involved.

Provide any supplementary information you wish to have considered.

Required – In addition to your project budget, you must submit your organization’s most recent audited financial statements along with a list of all members of the board, commissions or committee. If your organization does not prepare audited financial statements, please provide your most recent IRS 990 return or SC Secretary of State Public Charities Division Annual Financial Report. Provide a detailed budget showing all sources of revenues and expenditures, including the required 25% match for this project. If the event, program or project is approved and receives funding, a complete financial report of all the revenue and expenditures must be submitted before July 1st.

Project Budget

*Please attach project budget showing the following information:

1. REVENUES (Include all relevant sources, e.g., ticket sales, sponsorships, contributions, accommodations tax grant, etc.)
2. Prior Year Amount: _____
3. Current Budget Request _____
4. TOTAL REVENUES: _____

EXPENDITURES (Include all relevant expenditures, e.g. salaries, fees, advertising, supplies, utilities, equipment, etc.)

Prior Year Amount _____

Current Budget Request _____

TOTAL EXPENDITURES _____

STATEMENT OF ASSURANCES

If this grant application is awarded funding, _____
agrees that: (Name of Organization)

1. Financial records, support documents, statistical records, and all other records pertinent to Grant funding shall be retained for a period of three years.
2. All procurement transactions, regardless of whether negotiated or advertised and without regard to dollar value, shall be conducted in a manner so as to provide maximum competition.
3. 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 or others.
4. All expenditures must have adequate documentation.
5. All accounting records and supporting documentation shall be available for inspection by the City of Travelers Rest upon request.
6. 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 funded in whole or part by Grant funds.
7. Employment made by or resulting from Grant funding from the City of Travelers Rest shall not discriminate against any employee or applicant on the basis of handicap, age, race, color, religion, sex, or national origin.
8. None of the funds, materials, property, or services provided directly or indirectly under Grant funding from the City of Travelers Rest shall be used for any political activity, or to further the election or defeat of any candidate for public office.

Applicant Signature

Signature of Witness

Date: _____