

ACCOMMODATIONS TAX FUNDING APPLICATION FISCAL YEAR 2020-2021

I. APPLICANT

Date of Determination Letter:

Name of Organization:					
Address:					
II. FUNDS REQUESTED					
ATAX Funds Requested \$					
How will ATAX Funds be used?					
Estimated percentage of costs directly attributed to attracting or serving tourists?					
Funds furnished by your organization Matching Grant: \$	on Source:				
Matching Grant: \$	Source:				
Other Funding: \$	Source:				
Other Funding: \$	Source:				
Provide an itemized total budget for your event <u>and</u> an itemized budget reflecting only how ATAX funds will be spent. <u>THIS IS REQUIRED</u> , attach on a separate sheet					
III. NARRATIVE PROJECT DESCRIPTION					
Project Title:					
Description of project:					
Who will benefit from this project?					
IV. DATES OF PROJECT					
Beginning:	Ending:				
V. APPLICANT CATEGORY					
Government Entity:					
Non-profit Organization:	Incorporation date:				
Eleemosynary Organization under	IRS Code: IRS #:				

VI. DEMOGRAPHIC DATA How will the project influence tourism in Pickens County? How many visitors/participants attended the event last year and are anticipated this year? Last Year: This Year: How many of the visitors/participants were from beyond a 50 mile radius of Pickens County last year and are anticipated this vear? Last Year: This Year: How many overnight stays were created by this event last year and are anticipated this year? This Year: Last year: How do you plan to advertise this event beyond a 50 mile radius of Pickens County? What other documentation can you provide demonstrating this event promotes tourism in Pickens County? (i.e. photographs, letters from local chambers of commerce, restaurants, shop or accommodations owners) What records will be kept during this event to obtain the above demographic data? (i.e. guest logs, phone logs, accommodations contracts, website hits, advertising demographics) VII. AUDIT Does your organization perform an independent audit? Yes: No: Name of the Auditor: I have read the guidelines for the Pickens County Accommodations Tax Grant Reguest and do hereby agree to comply with all rules and requirements. I understand failure to comply may result in a loss of funding for the project. I will complete a final report no later than 60 days after completion of project. All information required for final reporting MUST be detailed when project is complete. Contact Name: Title: Signature: Date:

Address: Email:

Phone Number(s):

Alternate Contact Name: Title:

Signature: Date:

Address: Email:

Phone Number(s):

Allison Fowler, Director Pickens County Parks, Recreation & Tourism 222 McDaniel Avenue, B17 Pickens, SC 29671 afowler@co.pickens.sc.us

ADVISORY COMMITTEE USE ONLY					
Date Received	Complete	□ Yes	□ No		
Additional Information Needed					
				<u> </u>	
	Recommended	□ Yes	□ No		
Date Applicant Notified:					
	<u></u>				