



COUNTY OF PICKENS
ACCOMMODATIONS TAX FUNDING
APPLICATION
FISCAL YEAR 2016-2017

1) Name of Project: _____

2) Amount Requested: _____

3) Sponsoring
Organization: _____

Mailing Address: _____

4) Federal Tax ID #: _____

5) Project Director:

Name _____

Title _____

Telephone _____

Alt. Telephone No. _____

Email _____

6) Project Timeline ~ Beginning: _____ Ending: _____

7) Location _____

8) What is the total anticipated attendance for this project? _____

9) Of this number, how many are tourists? _____ (Please see criteria for
defining "Tourists" on cover sheet.)

10) Project Budget and Application of Funds

(Please enclose a copy of your organization's most recently completed financial audit.)

| PROJECT COST AND FUNDS REQUESTED | LAST YEAR (ACTUAL) | THIS YEAR (BUDGETED) | NEXT YEAR (PROJECTED) |
|---|---------------------------|-----------------------------|------------------------------|
| TOTAL PROJECT COST | | | |
| ATAX FUNDS REQUESTED | | | |
| ATAX FUNDS RECEIVED | | | |
| ATAX FUNDS EXPENDED | | | |

| DETAIL OF EXPENDITURES | LAST YEAR (ACTUAL) | THIS YEAR (BUDGETED) | NEXT YEAR (PROJECTED) |
|-------------------------------|---------------------------|-----------------------------|------------------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| TOTAL: | | | |

LIST BELOW ALL SOURCES OF INCOME FOR THIS PROJECT:

| INCOME SOURCE | LAST YEAR (ACTUAL) | THIS YEAR (BUDGETED) | NEXT YEAR (PROJECTED) |
|----------------------|---------------------------|-----------------------------|------------------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| TOTAL: | | | |

Have you received Accommodations Tax Funding in years prior to last year?

_____Yes _____No

If so, state year _____, amount \$_____, and purpose _____

_____.

For each award year, did you expend 100% of the Accommodations Tax Funds you received? If not, please explain:

11) Type of Organization:

IRS Designation: _____ 501(c) 3; _____Other (specify)

Please Check One:

- Government agency, board, commission or political subdivision
- Not-for-profit organization registered with the South Carolina Secretary of State. Registration Number:_____
- Eleemosynary organization exempt from federal income tax
- A community service club, church, etc.

12) Date Funds are Needed: _____

13) Accommodations Tax Detail Form

Organization/Event/Project name:

Project/Event Description: _____

Non profit status: _____

| | Current Year | Next year (Projected) |
|--|--------------|--------------------------|
| Total budget of event/project | \$ | \$ |
| Amount funded by Pickens County A-tax | \$ | \$ |
| Amount funded by A-tax from all other sources | \$ | \$ |
| Total attendance | | |
| Total tourists** | | |
| **_ Visitors who live at least 50 miles from Pickens County | | |

14) Project Description: (Please attach additional pages as necessary.)

a. Detailed Description of Project: _____

b. Benefit to Tourism and the Pickens County Community:

c. Estimated Number of Room Nights to be Generated: _____

d. Permits Required: _____

Signed

Date

**ORIGINAL AND 10 (TEN) COPIES OF
APPLICATION MUST BE RECEIVED BY 5:00PM, Friday, February 24, 2017**

**DALE POWELL, DIRECTOR
PARKS & RECREATION
222 McDaniel AVENUE
PICKENS, SC 29671
Email: dalep@co.pickens.sc.us**

| Advisory Committee Use Only | | | |
|---|----------|------------------------------|-----------------------------|
| Date Received _____ | Complete | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Additional Information Needed _____ _____ _____ | | | |
| Recommended | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Date Applicant Notified: _____ | | | |