



**COUNTY OF PICKENS**  
**ACCOMMODATIONS TAX FUNDING**  
**APPLICATION**  
**FISCAL YEAR 2017-2018**

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.)

<b>PROJECT COST AND FUNDS REQUESTED</b>	<b>LAST YEAR (ACTUAL)</b>	<b>THIS YEAR (BUDGETED)</b>	<b>NEXT YEAR (PROJECTED)</b>
TOTAL PROJECT COST			
ATAX FUNDS REQUESTED			
ATAX FUNDS RECEIVED			
ATAX FUNDS EXPENDED			

<b>DETAIL OF EXPENDITURES</b>	<b>LAST YEAR (ACTUAL)</b>	<b>THIS YEAR (BUDGETED)</b>	<b>NEXT YEAR (PROJECTED)</b>
<b>TOTAL:</b>			

**LIST BELOW ALL SOURCES OF INCOME FOR THIS PROJECT:**

<b>INCOME SOURCE</b>	<b>LAST YEAR (ACTUAL)</b>	<b>THIS YEAR (BUDGETED)</b>	<b>NEXT YEAR (PROJECTED)</b>
<b>TOTAL:</b>			

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**		
<b>**_Visitors who live at least 50 miles from Pickens County</b>		

**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, Wednesday, February 28, 2018**

**TYLER MERCK, DIRECTOR  
PARKS & RECREATION  
222 McDaniel AVENUE  
PICKENS, SC 29671  
Email: tmerck@co.pickens.sc.us**

<b>Advisory Committee Use Only</b>			
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: _____			