

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.)

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, April 6, 2018**

**PICKENS COUNTY ADMINISTRATION
222 McDaniel AVENUE, B2
PICKENS, SC 29671
Email: kenr@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: _____			