

NORTH CHARLESTON



Become a part of us.

202% ACCOMMODATIONS TAX GRANT APPLICATION

Applications must be received by 3:00 pm on Friday, September , 20 .

“Late Application may jeopardize your organization’s ability to receive funding.”

Return applications to: *City of North Charleston
Attn: Accommodations Tax
Secretary, Amy Heath
P.O Box 190016
North Charleston, SC 29419*

Amount you are requesting:	\$
----------------------------	----

SECTION I: ORGANIZATION INFORMATION

Name of Organization:	
Contact Name and Title:	
Mailing Address:	
Street Address (if different)	
Phone Number:	
Fax Number:	
Email Address:	
How long has your organization been in existence?	

NOTE: Attach a list of your organization’s governance body: Board of Directors, Chief Officers, Staff and Program Managers.

Who in your organization is responsible for fundraising?

- Staff
 Board of Directors
 Consultants
 Members/Volunteers

Tax Status (check one)

- Tax-exempt charitable organization (501(c)(3))
 Governmental unit
 Other Tax-exempt (specify status)
 Federal State Local
 Church/Religious organization
 Unincorporated
 Other (specify) _____

Please attach a copy of your organization’s IRS tax status determination letter (not applicable to government agencies or religious congregations). A tax exempt identification number is not sufficient.

Federal Employer Identification Number:	
---	--

1. Briefly state the history and mission of your organization. (Approximately 200 words)

SECTION II FINANCIAL INFORMATION

Applicant's overall operating budget: \$ _____
 Fiscal Year _____ to _____
 MM/DD/YY MM/DD/YY

Please list the history of funding to your agency from the City of North Charleston:

<u>Year</u>	<u>Amount</u>
201	\$ _____
201	\$ _____
20	\$ _____

PLEASE COMPLETE THE FOLLOWING BUDGET BREAKDOWN SECTIONS ON THESE PAGES (NO ATTACHMENTS.) You may get these figures from your most recently submitted IRS Form 990, or you may simply use your overall operating budget.

A. CONTRIBUTED INCOME

From what other sources is your organization funded? (Give amounts)

SOURCE	FY 201	FY 201	FY 20
Government Grants			
Municipal	\$ _____	\$ _____	\$ _____
County	\$ _____	\$ _____	\$ _____
State	\$ _____	\$ _____	\$ _____
Federal	\$ _____	\$ _____	\$ _____
Foundation Grants	\$ _____	\$ _____	\$ _____
Contributions	\$ _____	\$ _____	\$ _____
Memberships	\$ _____	\$ _____	\$ _____
TOTAL CONTRIBUTED INCOME	\$ _____	\$ _____	\$ _____

B. EARNED INCOME

SOURCE	FY 201	FY 201	FY 20
Fees / Sold Services			
Admission / Single Tickets	\$ _____	\$ _____	\$ _____
Season Tickets / Subscription	\$ _____	\$ _____	\$ _____
Tuition / Fees	\$ _____	\$ _____	\$ _____
Workshops, Seminars, Lectures, etc.	\$ _____	\$ _____	\$ _____
Publications (Newsletters, etc.)	\$ _____	\$ _____	\$ _____
Concessions and/or Merchandise	\$ _____	\$ _____	\$ _____
Advertising	\$ _____	\$ _____	\$ _____
Space Rental Fees	\$ _____	\$ _____	\$ _____
Special Event Fund Raisers	\$ _____	\$ _____	\$ _____
Other (specify)	\$ _____	\$ _____	\$ _____
TOTAL EARNED INCOME	\$ _____	\$ _____	\$ _____

TOTAL COMBINED INCOME (A+B)	\$ _____	\$ _____	\$ _____
------------------------------------	----------	----------	----------

C. EXPENSES

	FY 201	FY 201	FY 20
Program Services	\$	\$	\$
Fundraising	\$	\$	\$
Administration, Management, General	\$	\$	\$
Other (Specify)	\$	\$	\$
TOTAL EXPENSES	\$	\$	\$

D. Will your organization's 202 budget be significantly different than 20 and prior years? **Yes** (if yes, explain in the box below) **No**

This section is limited to 880 characters including spaces, which is approximately 125 words

SECTION III: FUNDING REQUEST FOR BUDGET YEAR 202

Please detail how the funds requested from the City of North Charleston will be spent:

OPERATING	FY 202 AMOUNT
A. Advertising or promotion related to tourism development (Check all that apply) <input type="checkbox"/> Television <input type="checkbox"/> Radio <input type="checkbox"/> Newspapers <input type="checkbox"/> Websites <input type="checkbox"/> Magazines <input type="checkbox"/> Rack Cards <input type="checkbox"/> Billboards <input type="checkbox"/> Mailings (Out of County) <input type="checkbox"/> Visitor's Guide <input type="checkbox"/> Other (Specify)	\$
B. Maintenance or operation of tourist-related building or facility (Specify)	\$
CAPITAL	
C. Construction of tourist-related building or facility (specify) Construction Period From: To:	\$
D. Equipment (specify)	\$
OTHER	
E. Other (specify)	\$
	\$
TOTAL REQUEST	\$

NOTE: Personnel salaries are NOT eligible for Accommodations Tax Funding

Funds to be used for:

- Attraction/Tourism Facility (ongoing project, open year-round)
- Event/Festival (not ongoing, not open year-round)
- One-time event
- General operations

Date(s) of event:	
-------------------	--

List funds already committed for the project for FY 2021 and the sources of these funds.

SOURCE	AMOUNT
	\$
	\$
	\$
	\$
TOTAL	\$

SECTION IV:

TOURISM IMPACT

- A. Please explain how your project, event, or program attracts visitors to the area and promotes tourism. Discuss the activities or project in detail, and give timetable for implementation

This box is limited to 1400 characters including spaces, which is approximately 200 words.

Please provide the following financial and demographic information:

	Previous Year 20	Current Year 202
Total budget of event/project	\$	\$
Amount funded by A-Tax – City	\$	\$
Amount Funded by A-Tax – All sources	\$	\$
Total Attendance		
Total number of tourists (non-residents)		

- B. What method did you use to calculate the total attendance and the total number of tourists that were non-residents in item B above? Please provide specific examples.

This section is limited to 880 characters including spaces, which is approximately 125 words

C. Describe how the 2021 program will be evaluated. Include methods of measuring tourism impact, and the data collection methods.

This box is limited to 1400 characters including spaces, which is approximately 200 words.

SECTION V: MARKETING AND MEDIA INFORMATION

Marketing and media information is requested to show how your organization used advertising and promotion of tourism to increase tourism in the City of North Charleston.

Please list the marketing and media coverage for your Event/Festival for coverage outside of Charleston County. Web site date is also requested; one suggested web site is Google analytics.

1. Planned Advertising in 202

Media Name	Media Type (TV, Radio, Newspaper, etc.)	National or Regional	Estimated Costs (\$)	Circulation/ Audience Size	Length of Coverage
			\$		
			\$		
			\$		
			\$		
			\$		
			\$		
			\$		
			\$		
			\$		
			\$		
			\$		
			\$		
			\$		
			\$		
			\$		
			\$		
			\$		
			\$		
			\$		
			\$		
			\$		
			\$		

2. **Web Analytics (specify Time Period)** from _____ to _____
MM/DD/YY MM/DD/YY

Web Measurements	Number
Visits	
Unique Visitors	
Unique Visitors outside of Charleston Tri-County Area	
Unique Pageviews	
Unique Pageviews outside Charleston Tri-County Area	
TOTAL	

I hereby certify that the applicant organization complies with all Americans with Disabilities Act requirements, and does not discriminate on the basis of race, color, age, sex, religion, sexual orientation, physical disability, or national origin, and that all funds that may be received by applicant organization from the City of North Charleston will be solely used for the purposes set forth in this application and will comply with all laws and statutes. In particular, organizations receiving Accommodations Tax Funding will comply with state regulations requiring funds be utilized only for purposes as set forth in the Accommodations Tax Statute.

Signature of Chief Executive Officer/ Executive Director Date

Name and Title (please print)

Signature of Chief Financial Officer/ Board Chairperson Date

Name and Title (please print)

Make sure your application includes the following:

- Completed W9 Form
- Your IRS Letter (if applicable),
- A list of officers, staff and board members,
- Completed application with all required signatures.
- A copy of your confirmation letter of registration from the SC Secretary of State's Division of Public Charities

APPLICATION GUIDELINES

ACCOMMODATIONS TAX GRANTS

Program Purpose

Accommodations Tax Grants are provided through revenue received by the City for its share of the 2% lodging tax levied by the State of South Carolina. These monies can only be used for activities related to tourism, including: advertising and promotion of tourism; promotion of the arts and cultural events; support for facilities where civic and cultural activities take place; additional health, safety and public services for tourists; transportation shuttles; visitor information centers; and waterfront erosion control and repair. The funds are awarded to non-profit organizations. An Accommodations Tax Advisory Committee, mandated by the State and composed of seven representatives of the hospitality industry, reviews applications for funding and makes recommendations to City Council for the award of these funds.

All appropriations will be funded by January 1, 202 .

Applications must be received by:

Friday, September 2 , 20 .

Questions should be directed to:

Amy Heath, Director of Tourism

843-740-5843 or amyheath@northcharleston.org

INSTRUCTIONS

All applications must be received by 3:00 PM on Friday, September 25, 2020.

Applications received after this time and date may jeopardize your organization's ability to receive funding.

One original copy of the application should be mailed to:

City of North Charleston
Attn. Amy Heath, Accommodations Tax Secretary
P.O. Box 190016
North Charleston, SC 29419
OR hand delivered to 2500 City Hall Lane, Office of the Mayor

One electronic copy should be delivered via email to:

amyheath@northcharleston.org

Complete all questions using 11pt font or larger. **Use only the space provided on the application form. Please do not use earlier versions of this form.** The 2021 application form has been revised so therefore earlier versions will not be accepted.

Section II Financial Information must be completed on the form. **An attached financial statement or budget will not be accepted.**

Applicants must be registered with the SC Secretary of State's Division of Public Charities. Nonprofit organizations need to include a copy of their confirmation letter of registration with their grant application. For additional information see South Carolina's Secretary of State's Official Web site <http://www.scsos.com/> or call 803-734-1790.

Before submitting your application, please check to ensure that you have included the following:

- your IRS Letter (if applicable),
- a list of officers, staff and board members,
- Completed application with all required signatures.
- a copy of your confirmation letter of registration from the SC Secretary of State's Division of Public Charities
- Completed W9 Form

No other attachments will be accepted.

This application is available on the City's website at www.northcharleston.org you may also request a digital copy by emailing Amy Heath at amyheath@northcharleson.org