

2024

ACCOMMODATIONS TAX GRANT APPLICATION

## Applications must be received by 3:00 pm on Friday, September 6, 2024.

### Late applications will not be accepted

**Return applications to:** *City of North Charleston*

*Executive Office*

*Attn: Accommodations Tax Committee*

*P.O Box 190016*

*North Charleston, SC 29419*

|  |  |
| --- | --- |
| Name of Organization: |  |
| Amount Requested: |  |

## 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. (No more than 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:

|  |  |
| --- | --- |
| **Year** | **Amount** |
| **2021** | **$** |
| **2022** | **$** |
| **2023** | **$** |

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.

#### CONTRIBUTED INCOME

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

|  |  |  |  |
| --- | --- | --- | --- |
| **SOURCE** | **FY 2021** | **FY 2022** | **FY 2023** |
| **Government Grants** |  |  |  |
| Municipal | $ | $ | $ |
| County | $ | $ | $ |
| State | $ | $ | $ |
| Federal | $ | $ | $ |
| **Foundation Grants** | $ | $ | $ |
| **Contributions** | $ | $ | $ |
| **Memberships** | $ | $ | $ |
| **TOTAL CONTRIBUTED INCOME** | **$** | **$** | **$** |

#### EARNED INCOME

|  |  |  |  |
| --- | --- | --- | --- |
| **SOURCE** | **FY 2021** | **FY 2022** | **FY 2023** |
| **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)** | **$** | **$** | **$** |

1. **EXPENSES**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **FY 2021** | **FY 2022** | **FY 2023** |
| Program Services | $ | $ | $ |
| Fundraising | $ | $ | $ |
| Administration, Management, General | $ | $ | $ |
| Other (Specify) | $ | $ | $ |
| **TOTAL EXPENSES** | **$** | **$** | **$** |

1. **Will your organization’s 2024 budget be significantly different than 2023 and prior years? Yes** (if yes, explain in the box below) **No**

(No more than 125 words)

## SECTION III: FUNDING REQUEST FOR BUDGET YEAR 2024

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

|  |  |
| --- | --- |
| **OPERATING** | **FY 2024 AMOUNT** |
| 1. **Advertising or promotion related to tourism development (Check all that apply)**   □ Television □ Radio  □ Newspapers □ Websites  □ Magazines □ Rack Cards  □ Billboards □ Mailings (Out of County)  □ Visitor’s Guide □ Other (Specify) | **$** |
| 1. **Maintenance or operation of tourist-related building or facility (Specify)** | **$** |
| **CAPITAL** |  |
| 1. **Construction of tourist-related building or facility (specify)**   **Construction Period From: To:** | **$** |
| 1. **Equipment (specify)** | **$** |
| **OTHER** |  |
| 1. **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 2024 and the sources of these funds.

|  |  |
| --- | --- |
| **SOURCE** | **AMOUNT** |
|  | **$** |
|  | **$** |
|  | **$** |
|  | **$** |
| **TOTAL** | **$** |

## SECTION IV: TOURISM IMPACT

1. 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

(No more than 200 words)

Please provide the following financial and demographic information:

|  |  |  |
| --- | --- | --- |
|  | **Previous Year 2022** | **Current Year 2023** |
| 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) |  |  |

1. 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.

(No more than 125 words)

1. Describe how the 2024 program will be evaluated. Include methods of measuring tourism impact, and the data collection methods.

(No more than 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. Website date is also requested; one suggested web site is Google analytics.

## Planned Advertising in 2024/2025

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

#### 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) | |

#### Mandatory Attachment

#### Attachment A: Completed W9 Form;

* **Attachment B:** Your IRS Letter (if applicable);
* **Attachment C:** A list of officers, staff and board members;
* **Attachment D:** Completed application with all required signatures; and
* **Attachment E:** A copy of your confirmation letter of registration from the SC Secretary of State’s Division of Public Charities.

# REVISED APPLICATION GUIDLINES

**ACCOMMODATIONS TAX GRANTS**

## Program Purpose

### Accommodations Tax Grants are provided though 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 awards will be funded by January 1, 2025**

## Applications must be received by: Friday, September 6, 2024.

### **Questions should be directed to:**

### **Frank Lapsley, Director of Venue & Event Operations**

### **843-740-5819 or FLapsley@northcharleston.org**

# INSTRUCTIONS

#### All applications must be received by 3:00 PM on Friday, September 6, 2024.

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. Executive Office, 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:**

FLapsley@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 2024 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; and
* 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 Frank Lapsley at [FLapsley@northcharleson.org](mailto:FLapsley@northcharleson.org) .