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## **York Canty Hospiality Tax Program**

# **2018 APPLICATION**

# **Capital Projects Grant Application**

Hospitality Tax Advisory Committee  
c/o Kevin Madden, Finance Director  
P.O. Box 116  
York, SC 29745

[www.yorkcountygov.com](http://www.yorkcountygov.com)



# INFORMATION

According to the South Carolina Local Hospitality Tax Act, the revenue generated by the hospitality tax must be used exclusively for the following purposes (Section 6-1-730):

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York County 35.134 Am. Ord. 3108 6-16-08  
Use of revenue from local hospitality tax.

The revenue generated by the hospitality tax must be used exclusively for the following purposes:

- (1) tourism-related buildings including, but not limited to, civic centers, coliseums, and aquariums;**
- (2) tourism-related cultural, recreational, or historic facilities;**
- (3) beach access and restoration;**
- (4) highways, roads, streets, and bridges providing access to tourist destinations;**
- (5) advertisements and promotions related to tourism development; or**
- (6) water and sewer infrastructure to serve tourism-related demand.**

“Tourist”-As defined in Section 6-1-760 (A) of the 1997 Act No.138, Section 9; means a person who does not reside in but rather enters temporarily, for reasons of recreation or leisure, the jurisdictional boundaries of a municipality project or the immediate area of the project for a county project.

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## Allocation Criteria

The primary purpose of this application is tourism capital projects.

Funds will be available for capital projects that expand tourism within York County. These projects should help generate more traffic to support the restaurants in the unincorporated areas of York County that collect the hospitality tax.



## Applicant Procedures and Conditions

- A. Each applicant must include copies of financial statements for the last three (3) years or for the period of time for which the organization has been in operation. Applicant organizations must have been in existence for at least one (1) year prior to requesting funds or be associated with an organization that can show financial stability.
- B. As required by the Hospitality Tax Law, projects to be funded by Hospitality Tax funds must result in the attraction of tourists to York County. Projects must benefit tourism in York County. A financial impact study coordinated with the York County Convention and Visitors Bureau (CVB) is required to be submitted with the application.
- C. Priority will be given to projects that:
  - Promote tourism in York County;
  - Promote dining at restaurants and other eating and drinking establishments in the unincorporated area of York County;
  - Promote and highlight York County's historic and cultural venues, recreational facilities, and events.
- D. All capital projects approved for funding will have to abide by York County bid and procurement procedures.
- E. All capital projects must provide yearly reporting for three years after construction detailing how the unincorporated areas of York County have benefited from the grant being approved. These reports are to include a summary of partnerships with businesses contributing to the H-Tax funding as well as detailed documentation of overnight stays and residency information for visitors to the project itself.



# INSTRUCTIONS

**PLEASE READ AND REVIEW CAREFULLY!**

## Instructions for Submitting Application

All applications should be typed. If **manually** completing application, PRINT application, complete all requested information. The application may be faxed to 803-818-5166, mailed to Hospitality Tax Grant Application, PO Box 116, York, SC, 29745 **OR** hand delivered to 18 West Liberty Street, York, SC. If **electronically** completing application, SAVE application to your computer. Use the *Tab* key to proceed through the fields to enter all requested information. The application may be e-mailed to [kevin.madden@yorkcountygov.com](mailto:kevin.madden@yorkcountygov.com) faxed to 803-818-5166, mailed to Hospitality Tax Grant Application, PO Box 116, York, SC 29745, **OR** hand delivered to 18 West Liberty Street, York, SC.

**Applications submitted on any other form will not be considered for funding.**

### CHECK THE FOLLOWING BEFORE AND AFTER COMPLETING THE APPLICATION

1. Have you read the York County 35.134 Am. Ord. 3108 6-16-08 to ensure your project is eligible for Hospitality Tax funding? Please visit [www.yorkcountygov.com](http://www.yorkcountygov.com) to review the Ordinances.
2. Is the information complete and accurate and has "N/A" been entered on items not applicable?
3. Has the application been **SIGNED BY AN AUTHORIZED OFFICER** of the organization?
4. Have you listed any additional sources of funding? Please include a detailed summary of all sources of funding so the total is 100%.
5. Have you listed your financial analysis showing the finance and operations budget for the project?
  - a. Cost associated with the construction of the capital project.
  - b. Financing sources for the project and terms of agreement for these funds.
  - c. Spreadsheets showing financial flow chart.
    - i. Payment of debt reduction
    - ii. Anticipated revenue
  - d. Operations and maintenance budget
  - e. There is a three year financial accountability reporting period to the York County Treasurer required after construction has been completed.

**Having read the above instructions, you are now ready to proceed to the Hospitality Tax Grant Application.**



# Hospitality Tax Grant Application

Project Information	
Project Start Date	Grant Request Amount
Project Completion Date	Date Submitted
Project Name	
Project Address/Location	
Project is located in unincorporated York County? ___ Yes ___ No	
Organization Information	
Organization	
Type of Organization (Private/Gov't/Not-for-profit/501C/other -specify)	
Federal Tax ID Number	
Contact	
Mailing Address	
City ST ZIP	
Telephone	Cell
Fax	E-Mail
How long has this organization or corporation existed? _____ Year(s) <b>(Must be at least one year.)</b>	

**\*\*\*UTILIZE THE ECONOMIC IMPACT STUDY FROM THE YORK COUNTY CVB IN CONJUNCTION WITH THE UNIQUE SPECIFICS OF THIS PROJECT TO ANSWER THE FOLLOING QUESTIONS \*\*\***

**Project Description and Goals**

Describe the project and its tourism mission. What is the benefit to the community? How is it complimentary of existing facilities or is it unique to the area, or both?

**Tourist Information (please fill this out to the best of your ability)**

What is the estimated number of tourists to be attracted by this project? \_\_\_\_\_

Explain how the number of tourists will be calculated (surveys, forms, license plates, ticket sales, etc); How many day-trippers and overnight stays (room nights) are anticipated? If there are no hotels in the area, is it anticipated that this facility will help promote future overnight stays?

What is the anticipated financial impact of this project on tourism-related businesses in York County?

Explain how this financial impact was determined. **(The basis of this explanation is the Financial Impact Study from York County CVB.)**

**Performance Measurements**

**What steps will be taken to ensure that the operations and maintenance costs will be covered annually? An operational agreement or letter of assurance with outside funding must be provided if these are being cited as sources of revenue. See statement of Assurances/Certification section at the end of the application.**

**If a similar project has been funded, please provide a summary of how these new capital expenditures will compliments the other projects in the area. If there are no similar projects in the area, provide a comparison study of at least three similar projects in the United States.**

<b>Total Cost of Capital Project</b>	
<b>Building Cost/Infrastructure/Associated Fees/Utilities/Landscaping/Contingency</b>	
	<b>Dollar Amount</b>
Total Cost of Project	

<b>A Detailed List of the Project Finance &amp; Operations and Maintenance</b>	
<b>Detail Expense Items (personnel, materials/supplies, utilities, insurance, maintenance, etc.)</b>	<b>Dollar Amount</b>
<b>Amount Requested</b> (must equal <i>Amount Requested</i> on first page of application)	



<b>Funding for Capital Project</b>		
<b>Sources of Funds (York County, School District, Hospitality Tax, Grants (state, federal, local), fundraising/marketing sales, etc.). Include all funds to be utilized.</b>	<b>Indicate Status of Funds (Proposed, Requested, or Approved)</b>	<b>Dollar Amount</b>
<b>Total Budget</b>		
<b>Anticipated Revenue (Leasing of facility, concessions, signage/marketing)</b>		

<b>Statement of Assurances/Certification</b>
<p>Upon grant application acceptance and funding award, applicant agrees that financial records, support documents, statistical records, and all other records pertinent to Hospitality Tax funding shall be retained for a period of three years. All procurement transactions, regardless of whether negotiated or advertised shall be conducted in a manner that provides maximum competition. The grant recipient shall establish safeguards to prohibit employees from using their positions for a purpose that has the appearance of being motivated by a desire for private gain for themselves or others. All expenditures must have adequate documentation. All accounting records and supporting documentation shall be available for inspection by York County upon request. No person, on the basis of race, color, or national origin, should be excluded from participation in, be denied the benefit of, or be otherwise subjected to discrimination under the program or activity funded in whole or in part by Hospitality Tax funds. Employment made by or resulting from Hospitality Tax funding shall not discriminate against any employee or applicant on the basis of handicap, age, race, color, religion, sex, or national origin. None of the funds, materials, property, or services provided directly or indirectly under Hospitality Tax funding shall be used for any partisan political activity, or to further the election or defeat of any candidate for public office. The applicant hereby certifies that the information submitted as part of this application is accurate and reliable. Any change/and or variation must be reported immediately, otherwise funding may be withheld.</p>
Applicant Signature
Printed Applicant Name
Date