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for a better tomorrow**

York County Hospitality Tax Program

2019 APPLICATION

MARKETING & ADVERTISING **GRANTS**

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

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):

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 renourishment;**
- (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.

Allocation Criteria

For the purpose of this grant application, the hospitality tax advisory committee is only considering qualified paid tourism advertising and promotion expenses as listed in #5 above. Advertising and promotion expenses may include print media, billboards, radio, television, and web-based media. Promotion expenses do not include souvenirs, prizes, give-aways, awards, trophies, or any other type of operational expense.

Funds will be available for marketing projects that expand tourism specifically 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.

B. Project or event vendors will **NOT** be paid by the York County. Checks will be written only to the approved applicant.

C. 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.

D. Within sixty (60) days following completion of the project, applicant must submit a Reimbursement Request Form documenting all related expenses with copies of cancelled checks, invoices, and receipts. The report must show (1) the number of people that attended the event, (2) approximately how many people attended that live outside jurisdictional boundaries of the municipality, and (3) information on how this number was determined (such as a sign-in log, counting vehicle tags, etc.). The reimbursement form is attached. After the Expenditure Report has been reviewed and approved by the Finance Director, a check will be issued by the York County Treasury Department for reimbursement of the previously approved amount.

E. Expenses not previously identified in the Hospitality Tax Grant Application will not be reimbursed.

Deadline for Submitting Application Form

Applications must be submitted **no later than April 15th, 2019** to be considered for the fiscal year 2019-2020. Applicants are asked to be available for questions **From 12:00-2:00 PM on May 21st, 2019.**

Guidelines for Submitting Application

Project & Organization Information: This section should be completed thoroughly. Application may not be reviewed if any information is omitted. Please attach proof of non-profit status if applicable.

Project Description and Goals: York county hospitality tax advisory committee is looking for expanded tourism projects and unique tourism projects that will generate additional tax dollars in the unincorporated areas of York County. If your project is physically located in an incorporated area of the county, you must illustrate how the project will benefit the unincorporated areas of the county to qualify for funding. Please include the below topics in your response with this mission in mind.

- Describe the project and its tourism mission – what is your overriding goal and how will the goal generate new tourism dollars in the unincorporated areas of York County?
- Describe the project’s benefit to the community – will your project create partnerships with, for example; the CVB, OED, Cultural Organizations and restaurants located in the unincorporated area of the county? Will it drive direct spending at tourism properties, improve community relations, draw media attention, generate untapped revenue, etc? How will the project directly benefit the unincorporated areas of York County? Direct Spending means the approximate amount of money your visitors (participants & spectators) spend during the time they are in York County. Direct spending amounts will need to be documented and proof provided to the committee. The project coordinator will be responsible for gathering this information through surveys, registrations, drawings, etc. When calculating direct spending please use \$34/person for day-trippers and \$100/person for overnight visitors.
- Describe the project’s uniqueness or innovativeness – what makes this project unique? Are you considering an untried marketing technique? How will your project enhance other facilities and/or projects in the area?
- Demonstrate how your project will positively impact the unincorporated areas of York County.
- All Festivals and Special Events please list prior year food vendors and domicile address of those vendors.

Tourist Information:

- Having stated your project goals, what methods will you use to track your success (surveys, inquiries, ticket sales, etc.)? Please provide a sample of any documentation you plan to use to gather this data and prior year data captured if available.
- Describe your marketing plan – list all strategies and tactics, and underline efforts that you will fund with York County Hospitality Tax assistance. (Complete detailed expenditure section)
- Marketing budget, and expenses - Show complete budget; all income and expenses associated with your project will need to be disclosed. Income could include, but is not limited to ticket, souvenir, and alcohol sales; sponsorships, donations, etc. Expense could include, but are not limited to, print media, brochures, broadcast media, etc. Only marketing and advertising costs should be reflected. Funds requested will require a 50/50 match by the applicant. Marketing

expenditures are defined as money spent on direct advertising in print, social, and/or online promotions.

Itemize Total Expected Project Costs:

- This section should include itemized, detailed list of advertising and marketing expenditures including name of publication, description of ad and cost. Reimbursements will not be given for expenses not included in this section. The itemized project costs should equal the sources of funds in the following section.

List All Sources of Funds for the Proposed Project:

- Please include projected sources of funding including but not limited to H-Tax funds, private funds, sponsorships, etc. The sources of funds should equal the itemized project costs in the previous section.

Tourism Benefits:

- Provide the financial impact and details regarding how the financial impact was quantified. Indicate how many day-trippers and overnight stays are anticipated. Room Nights generated includes pre and post event site visits, planning trips, set-up contracts, etc.

Performance Measurements:

- Describe what plans the organization has put into place to ensure continued success of the project; as well as, what steps will be taken in order for the project to become self-sustaining? (note: It is the desire of the committee to support new and innovative tourism related events and festivals. For that reason, applicants should find ways to become self-sustaining.)

Returning Applicants Only:

- If your organization has been funded through the York County Hospitality Tax Fund within the past 5 years, please provide appropriate information for each year monies were received.
- Please provide summary of advertising efforts from previous events.

Scoring: An Evaluation Matrix will be used to score each application. An application must score a minimum of 70 points to qualify for funding. A copy of the evaluation form is attached. The score will serve as a basis of recommended funding amount. For example: If the organization is requesting \$10,000.00 in grant funds and the application scores 85%, the H-Tax will recommend funding \$8,500.00 (10,000X.85).

Guidelines for Reimbursement

All projects must be completed and reimbursement request sent to the Finance Director, Kevin Madden, within 60 days of your completion date. If your project extends through the fiscal year, all documentation should be submitted by June 14th, 2020.

Projects are considered complete when you have provided copies of the following:

1. Reimbursement Request - Complete form as indicated. Please ensure totals are correct and the Project Director has signed the form.
2. Paid Dated Invoices - Submit legible photocopies of itemized invoices, reflecting date, description and dollar amount. Monthly statements are not acceptable unless they contain the same pertinent information listed on invoices. Organizations that use an advertising agency to place advertisements must also provide copies of the media invoices.
3. Cancelled Checks - Attach a legible photocopy of the cancelled check(s) to the appropriate invoice to certify proof of payment. Your cancelled check should reflect payment for items that are strictly related to the project. If your check includes non-related expenses, supporting invoices are required.
4. Proof of Performance –
 - Attach original or PDF file of media tear sheet from newspaper/magazine advertisement to the appropriate invoice and cancelled check.
 - Submit a photograph of each posted billboard and a screenshot of all online advertising.
 - Include a copy of the broadcast media affidavit for television and radio commercials.
 - Delivery report for web based media including impressions delivered and clicks as well as site engagement if available.

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. Please email one electronic copy to Kevin Madden Finance Director at kevin.madden@yorkcountygov.com then mail One (1) original and (12) copies of the application to Hospitality Tax Grant Application, c/o Kevin Madden, Finance Director, 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 content of each section is not limited to the characters on the original application. Please email one electronic copy to Kevin Madden, Finance Director at Kevin.madden@yorkcountygov.com then mail One (1) original and (12) copies of the application to Hospitality Tax Grant Application, c/o Kevin Madden, Finance Director, PO Box 116, York, SC 29745; **OR** deliver to 18 West Liberty Street, York, SC. *Go Green! Please print double sided if capable.*

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?
2. Have you provided a detailed list of budget expenditures for your project?
3. Is the information complete and accurate and has "N/A" been entered on items not applicable?
4. Have you attached financial statements for the last three (3) years or for the period of time for which the organization has been in operation if less than three (3) years? (The organization must have been in operation for at least one (1) year.)
5. Has the application been **SIGNED BY AN AUTHORIZED OFFICER** of the organization?

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	

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
Email	
How long has this organization or corporation existed? _____ Year(s) (Must be at least one year.)	

Project Description and Goals

Describe the project and its tourism mission. What is your goal? What partnerships will your project foster? What is the benefit to the community? How is it unique? Demonstrate how your project will positively impact the unincorporated areas of York County. All Festivals and Special Events please list prior year food vendors and domicile address of those vendors.

Tourist Information

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?

Describe your marketing plan by identifying your target audience (s), including relevant demographic, geographic, timing of efforts; explain why this is your target audience(s); what specific marketing strategies and platforms will you use to influence your target audience(s) (such as print, TV, digital advertising, public relations, website, etc.).

What is the total marketing budget? Please list all income and marketing expenses associated your project using the below chart.

Itemize Total Expected Project Costs			
Print Media (Magazine, Newspaper)			
Name of Publication	Description	Cost	
Collateral Material (Brochures, rack cards)			
Description & Quantity	Design Cost	Print Cost	

Broadcast Media (Radio, Television, Billboards)			
Name of Media	Flight Dates	Cost	
Other			
Description	Size	Cost	
		Total Cost of Project	
List All Sources of Funds for the Proposed Project			
Sources of Funds	Indicate Status of Funds (Proposed, Requested, or Approved)	Dollar Amount	
Hospitality Tax			
Accommodations Tax			
Private Funds (please list)			
Contributions (please list)			
SC Tourism Funding			
Sponsorships (please list)			
Other (please list)			
		Total Budget	
PLEASE CALCULATE THE TOTAL			
Tourist Information			

What is the financial impact of this project on tourism related businesses in York County? Explain how this financial impact was determined. Quantify tourism benefit by completing the following formula in the chart below.

Tourism Benefit

Tourist Activity	# Days	Dollar Amount	Subtotal
Overnight Stays (\$100/person)			

Day Trippers (\$34/person)			
PLEASE CALCULATE THE TOTAL		Total	

Performance Measurements

What performance measures will you use to determine the success of your advertising and marketing efforts?

What steps will be taken to ensure these costs are covered in future years?

What new and innovative programs, events or attributes have your organization incorporated in your project?

Returning Applicants Only

If previously funded by H-Tax funds, please provide appropriate information for each year monies received.

Year	Amount Funded	Direct Spending
2017		
2016		
2015		
2014		
2013		

Returning Applicants Only-Grant History

Please provide a summary of your advertising efforts including both successes and failures along with follow through referenced under tourism information section.

Statement of Assurances/Certification

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.

Applicant Signature

Printed Applicant Name

Date



H-TAX REIMBURSEMENT REQUEST FORM

Project Completion Date:	Date Submitted:
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Project Name:

Organization Information

Organization

Federal Tax ID Number

Contact

Mailing Address

City ST ZIP

Telephone	Cell
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Email	Projected # Tourist Attracted
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Explanation of Attendees/Tourists Calculation
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Reimbursement Expenses

Vendor Name	Description	Check Number	Dollar Amount
TOTAL			\$

Applicant Signature:	Printed Applicant Name:	Date:
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2019 HTAX MARKETING & ADVERTISING GRANT APPLICATION SCORE SHEET

PROJECT INFORMATION
PROJECT NAME: _____ _____ <input type="radio"/> RECEIVED BY DEADLINE <input type="radio"/> PROOF OF NON-PROFIT _____

COMMITTEE MEMBER INFORMATION
NAME: _____ DATE: _____ TOTAL SCORE: _____

GENERAL INFORMATION	MAXIMUM POINTS	POINTS AWARDED	COMMENTS
Followed Guidelines / Thoroughness/Supporting Documents (if applicable)	15		
SUB-TOTAL	15		
PROJECT DESCRIPTION	MAXIMUM POINTS	POINTS AWARDED	COMMENTS
Tourism Mission/Benefit to unincorporated York County	25		
Community Benefit/Proof of partnerships	10		
SUB-TOTAL	35		
MARKETING GOALS	MAXIMUM POINTS	POINTS AWARDED	COMMENTS
Novelty/Innovation/New Project	10		
Comprehensive Marketing Plan	10		
SUB-TOTAL	20		
BUDGET INFORMATION	MAXIMUM POINTS	POINTS AWARDED	COMMENTS
Presented complete budget	10		
SUB-TOTAL	10		
MEASUREMENT OF SUCCESS	MAXIMUM POINTS	POINTS AWARDED	COMMENTS
Proof of follow through	10		
Long-term funding plan	10		
SUB-TOTAL	20		
GRAND TOTAL	100		