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## **York County Accommodations Tax Program**

# **2020 APPLICATION**

# **Accommodations Tax Funding**

York County Treasurer/Finance  
Kevin Madden, Committee Liaison  
P.O. Box 116  
York, SC 29745

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



## ACCOMMODATIONS TAX FUNDING APPLICATION INSTRUCTIONS

1. **Project name** - Concisely describe the intent and scope of the project.
2. **Sponsoring organization's name and address** - Include the legal name, mailing address, and telephone number of the sponsoring organization.
3. **Project director** - the person responsible for administering the project.
4. **Project start-up & completion dates** - the initial dates through completion of the project and should occur during the fiscal year of July 1 to June 30. The exact project dates of course will be established by the applicant and the needs of the project.
5. **Date(s) of event** - when the event will take place.
6. **Location of event** - where the event will take place.
7. **Type of project** - how the funds will be used for tourism related expenditures in accordance with South Carolina law.
8. **Total cost of project** - list the cost of the project, the amount being requested from the Accommodations Tax Fund, and the amount being provided by the applicant. **Note:** All projects are restricted to a 50-50 match. Please list the date that the funds will be needed.
9. **Please note** if funds have been received over the previous five years and the amount received.
10. **Project Description** - concisely describe the project. Also, relevant materials may be attached to further illustrate the project.
11. **Tourism benefit to York County** should address the following areas:
  - A. Number of tourists who are expected to be attracted overnight.
  - B. Project impact on tourism related employment.
  - C. How you intend to track the results of your project.
  - D. Other benefits to York County.
12. **Budget** describes all types of expenditures and costs to complete the project (describe as necessary).
13. **Sources of funding** - where the total budget funds will be coming from; the amount from each source; and if the funds are secured or pending.  
EXAMPLE: York County Accommodations Tax Fund \$2,000-Pending
14. **Describe your market** - reflect your groups marketing research as related to this project. What is your group's market?

Signatures: The signatures on the application certify compliance with these guidelines upon project approval. Applications must bear the signatures of the project director and the administrative official authorized to commit the applicant to provide matching funds. At least two signatures are required.

### PLEASE MAIL 8 COPIES OF YOUR APPLICATION TO:

York County Controller  
Attn: Garth Sawyer  
P.O. Box 116  
York, SC 29745

**DEADLINE FOR APPLICATIONS IS APRIL 15, 2020.**



# Accommodations Tax Funding Application

Project Information		
Project Name		
Project Director		
Project Start Date	Project Completion Date	
Date(s) of Event -	Type of Project	
Event Location -		
Total Project Cost	Amount Requested	
Applicant Provided Funding Amount	Date Funds Required	
Returning Applicants Only		
If previously funded by York County funds, please provide appropriate information for each year monies received.		
Year	Amount Funded	Direct Spending
2017	0	0
2016	0	0
2015	0	0
2014	0	0
2013	0	0
Sponsoring Organization Information		
Sponsoring Organization		
Contact		
Mailing Address		
City ST ZIP		
Telephone	Cell	
Fax	E-Mail	

**Project Description**

**Tourism Benefit to York County**

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

What is the anticipated project impact on tourism related employment?

How do you intend to track the results of your project?

What are some other benefits to York County?

**Itemize Total Expected Project Costs**

**Paid Media Placement**

<b>Type of Publication</b>	<b>Description</b> (Specify Media schedule giving dates, names and/or location of ad placement)	<b>Cost</b>
Newspaper		
Magazine		
Directory		
Radio		
Television		
Billboard		
<b>Total Cost of Paid Media</b>		

**Printed Material**

<b>Type of Material</b>	<b>Qty Printed</b>	<b>Plan of Distribution &amp; Recipients</b>	<b>Print Cost</b>
Brochure			
Visitor Information Guide			
Direct Mail Literature			
Tabloid			
Table Tent			
Map			
Insert			
Place Mat			
<b>Total Cost of Printed Material</b>			

<b>Audio Visual</b>		
<b>Type of Media</b>		<b>Cost</b>
Slides		
16 mm film		
Video tape		
<b>Total Cost of Audiovisual</b>		
<b>Travel Show</b>		
<b>Description</b>		<b>Cost</b>
Booth Space		
Registration		
Literature shipping cost		
<b>Total Cost of Travel Show</b>		
<b>Other (Please indicate type of expenditure)</b>		
<b>Description</b>		<b>Cost</b>
<b>Total Cost of Project</b>		
<b>Fund Sources for Project</b>		
<b>Sources of Funds (York County, School District, Accommodations Tax, Hospitality Tax, Grants (state, federal, local), fundraising/marketing sales, etc.)</b>	<b>Indicate Status of Funds (Proposed, Requested, or Approved)</b>	<b>Dollar Amount</b>
<b>Total Budget</b>		

## Market Research

Describe what market research you have done (Enclose one (1) copy):

What is your desired result?

How will your project help you achieve this result?

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**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 Accommodations 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 Accommodations Tax funds. Employment made by or resulting from Accommodations 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 Name	E-Mail
Project Director Signature	Date
Administrative Official Signature	Date