



COUNTY OF GREENVILLE  
ACCOMMODATIONS TAX FUNDING  
APPLICATION  
FISCAL YEAR 2021-2022

Please read Application Instructions and County Guidelines for the Distribution of Funds (attached) before completing this application.

- 1) Name of Organization Applying: \_\_\_\_\_
- 2) Mailing Address: \_\_\_\_\_  
\_\_\_\_\_
- 2) Name of Project: \_\_\_\_\_
- 4) Date(s) of Event: \_\_\_\_\_
- 5) Amount of Funds Requested (\*amount may not exceed 25% of project budget) \$ \_\_\_\_\_
- 6) Project Timeline ~ Beginning: \_\_\_\_\_ Ending: \_\_\_\_\_  
MONTH/DAY/YEAR MONTH/DAY/YEAR
- 7) Use of Funds Requested: \_\_\_\_\_  
\_\_\_\_\_
- 8) Completed and Signed 2020 W9 (Included) \_\_\_\_\_ (please initial)
- 9) Contact Person:  
Name \_\_\_\_\_ Title \_\_\_\_\_  
Telephone \_\_\_\_\_ Alt. Telephone No. \_\_\_\_\_  
Email \_\_\_\_\_ Fax No. \_\_\_\_\_
- 10) Location of Project or Event: \_\_\_\_\_
- 9) How many people do you expect to attend? \_\_\_\_\_
- 10) Of this number, how many are tourists? \_\_\_\_\_ (Tourists: *People taking trips outside their home communities (over 50 miles 1 way) for any purpose, except daily commuting to and from work.*)

**11) How do you plan to track tourism? If you have previous year's data, please attach.** \_\_\_\_\_

**12) Project Budget:**

a. **AMOUNT OF FUNDS REQUESTED WITH THIS APPLICATION:** \$ \_\_\_\_\_

b. **This request equals what percent of the total Project Budget?** \_\_\_\_\_ %

**(Please enclose a copy of your organization's most recently completed financial audit.)**

<b>PROJECT COST AND FUNDS REQUESTED</b>	<b>July 1,2019-June 30, 2020 (ACTUAL)</b>	<b>July 1,2020-June 30, 2021 (BUDGETED)</b>	<b>July 1, 2021-June 30, 2022 (PROJECTED)</b>
<b>TOTAL PROJECT COST</b>			
<b>ATAX FUNDS REQUESTED</b>			
<b>ATAX FUNDS RECEIVED</b>			
<b>ATAX FUNDS EXPENDED</b>			
<b>DETAIL OF EXPENDITURES</b>	<b>July 1,2019-June 30, 2020 (ACTUAL)</b>	<b>July 1,2020-June 30, 2021 (BUDGETED)</b>	<b>July 1, 2021-June 30, 2022 (PROJECTED)</b>
<b>(ATTACH ADDITIONAL PAGES AS NECESSARY.)</b>			
<b>TOTAL:</b>			

**LIST BELOW ALL SOURCES OF INCOME FOR THIS PROJECT:**

<b>INCOME SOURCE</b>	<b>July 1, 2019-June 30, 2020 (ACTUAL)</b>	<b>July 1, 2020-June 30, 2021 (BUDGETED)</b>	<b>July 1, 2021-June 30, 2022 (PROJECTED)</b>
<b>TOTAL:</b>			

**12) Has your project or organization previously received Greenville County Accommodations Tax Funding?**

\_\_\_\_\_ **Yes**                      \_\_\_\_\_ **No**

a. If yes, state year \_\_\_\_\_, amount \$ \_\_\_\_\_, source \_\_\_\_\_, and purpose: \_\_\_\_\_

b. For the last year you received County Accommodation Tax Funding, the number that attended your event was \_\_\_\_\_ of which \_\_\_\_\_ were tourists.

c. For each award year, did you expend 100% of the Accommodations Tax Funds you awarded? \_\_\_\_\_ **Yes**                      \_\_\_\_\_ **No**

If not, please explain:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**13) Has your project or organization previously received City of Greenville or other municipality tax funding?**

\_\_\_\_\_ Yes                      \_\_\_\_\_ No

a. If yes, state year \_\_\_\_\_, amount \$ \_\_\_\_\_, source \_\_\_\_\_,  
and purpose: \_\_\_\_\_

b. For the last year you received City Accommodation Tax Funding, the number that attended your event was \_\_\_\_\_ of which \_\_\_\_\_ were tourists.

c. For each award year, did you expend 100% of the Accommodations Tax Funds you awarded? \_\_\_\_\_ Yes                      \_\_\_\_\_ No

If not, please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**14) Type of Organization:**

IRS Designation: \_\_\_\_\_ 501( c ) 3 ;                      \_\_\_\_\_ Other (specify)

Please Check One:

- Government agency, board, commission or political subdivision
- Non-Profit Organization
- A community service club, church, etc.

**15) Project Description: (Please attach additional pages as necessary.)**

a. General Description: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

b. State the benefit that this project will serve toward promoting tourism and the Greenville County Community:

\_\_\_\_\_  
\_\_\_\_\_

c. **Permits Required:** \_\_\_\_\_

d. **Additional Comments:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**ALL APPLICATIONS MUST INCLUDE A COPY OF THE MOST RECENT AUDITED OR  
CERTIFIED FINANCIAL STATEMENTS.**

\_\_\_\_\_  
**Signed**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Title**

**ORIGINAL AND 8 COPIES, 3 HOLE PUNCHED WITH NO STAPLES, OF APPLICATION DUE BY:**

**5:00 P.M. ON FRIDAY, JANUARY 29, 2021**

**MAILED OR DELIVERED TO:**

**COUNTY ADMINISTRATION  
COUNTY OF GREENVILLE  
301 UNIVERSITY RIDGE, SUITE 2400  
GREENVILLE, SC 29601-3660**

**QUESTIONS SHOULD BE SUBMITTED TO:**

**NICOLE WOOD: (864) 467-7409 – EMAIL: [nwood@greenvillecounty.org](mailto:nwood@greenvillecounty.org)**