** COUNTY OF GREENVILLE**

 **ACCOMMODATIONS TAX FUNDING**

 **APPLICATION**

 **FISCAL YEAR 2024 - 2025**

**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:**

1. **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 County of Greenville Substitute Form W-9 (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.)**

|  |  |  |  |
| --- | --- | --- | --- |
| **PROJECT COST AND** **FUNDS REQUESTED** | **July 1,2022-June 30, 2023****(ACTUAL)** |  **July 1,2023-June 30, 2024****(BUDGETED)** | **July 1, 2024-June 30, 2025****(PROJECTED)** |
| **TOTAL PROJECT COST** |  |  |  |
| **ATAX FUNDS REQUESTED** |  |  |  |
| **ATAX FUNDS RECEIVED** |  |  |  |
| **ATAX FUNDS EXPENDED** |  |  |  |
| **DETAIL OF EXPENDITURES** | **July 1,2022-June 30, 2023****(ACTUAL)** |  **July 1,2023-June 30, 2024****(BUDGETED)** | **July 1, 2024-June 30, 2025****(PROJECTED)** |
| **(ATTACH ADDITIONAL PAGES AS NECESSARY.)** |
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| **TOTAL:** |  |  |  |

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

|  |  |  |  |
| --- | --- | --- | --- |
| **INCOME SOURCE** | **July 1,2022-June 30, 2023****(ACTUAL)** |  **July 1,2023-June 30, 2024****(BUDGETED)** | **July 1, 2024-June 30, 2025****(PROJECTED)** |
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| **TOTAL:** |  |  |  |

**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 WEDNESDAY, JANUARY 31, 2024**

**MAILED OR DELIVERED TO:**

 **COUNTY ADMINISTRATION**

 **COUNTY OF GREENVILLE**

 **301 UNIVERSITY RIDGE, SUITE N-4000**

 **GREENVILLE, SC 29601-3660**

 **QUESTIONS SHOULD BE SUBMITTED TO:**

**LYNDSEY SLOAN: (864) 467-7049 – EMAIL: LSloan@greenvillecounty.org**