



**BERKELEY
COUNTY SC**

RICH HISTORY.
BRIGHT FUTURE.
One Berkeley

1003 N. Hwy 52, Moncks Corner, SC 29461 (843) 719-4234 www.berkeleycountysc.gov

2024 ACCOMMODATIONS TAX FUNDING APPLICATION PACKET

Applications are due August 31, 2024

Request for funds must meet the requirements of Chapter 4, Title 6, of the SC Code of Laws, Accommodations Tax Funds. For more information visit atax.sc.gov

COVER SHEET

DATE: _____

PROJECT OR EVENT TITLE: _____

ORGANIZATION: _____

TOTAL A-TAX FUNDS YOU ARE REQUESTING: _____

TOTAL PROJECT/EVENT COST: _____

NON-PROFIT ORGANIZATION STATUS: _____ FEDERAL ID #: _____

CONTACT/ PROJECT DIRECTOR'S NAME: _____

CONTACT'S MAILING ADDRESS: _____

PHONE NUMBER: _____ EMAIL: _____

EVENT/PROJECT WEBSITE: _____

PROJECT CATEGORY: Destination Advertising and Promotion Tourism-Related Facilities
(select one) Tourism-Related Public Services Operation of Visitor
 Tourism-Related Event Information Centers

LOCATION OF PROJECT/EVENT: _____



APPLICATION

A. PROJECT DETAILS

1. General description of project/event:
2. If arts/cultural activity, give specific description of project (attach additional sheets, if needed):
3. How will your project/event benefit tourism and Berkeley County?
4. Projected timeline Start Date: _____ Completion Date: _____
5. Projected number of event participants:
6. Projected number of "tourists" attending event:

(Tourists: "People taking trips outside of their home communities for any purpose, except daily commuting to and from work". The South Carolina Tourism Expenditure Review Committee has adopted a guideline set by other travel industry entities, which states that a tourist is generally one that comes from 50 miles outside of their homes.)

7. Will your project attract people from outside the 50-mile radius? Yes No
8. Describe the methods or how you plan to track the number of tourists attending your event:
9. Projected number of overnight accommodations to be added as a direct result of this project/event
10. Have you requested funding from other sources or organizations for this project? If yes, please list sources and amounts.

B. REQUIRED ATTACHMENTS

Attach the following required documents to your application. Incomplete applications will not be evaluated. Repeat applicants must only submit items (a) and (b).

- a. Line-item budget of the project/event. **Show specifically how A-Tax funds will be used for the project/event**
- b. Organization's most recent fiscal year balance sheet or profit and loss accounting statement
- c. Letter from IRS confirming non-profit status

C. ADDITIONAL COMMENTS (Attach additional sheets, if needed)

D. PRIOR RECIPIENT'S REPORT

If you received prior A-Tax funds, it is **required** that you complete and return the attached Accommodations Tax Funding Final Report (including receipts) in order to be considered for future A-Tax funding.



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ACCOMMODATIONS TAX APPLICATION

FINAL CHECKLIST

(Complete and return with application)

- The application is being filed by the deadline as indicated in this application packet.
- I/we have reviewed and followed the application guidelines.
- I/we have read Chapter 6, Section 6-4-5 (4) and 6-4-10 SC Code of Laws, 1976, as amended.
- I/we are submitting one complete electronic copy of the application.
- I/we will be prepared to make a verbal presentation to the Committee and answer questions if we are scheduled to do so.
- I/we will use the Berkeley County Tourism logo in our project/event marketing, advertising and promotional efforts

STATEMENT OF ASSURANCES/CERTIFICATION

Upon grant application acceptance and funding award, the 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 expenditures must have adequate documentation. All accounting records and supporting documentation shall be available for inspection by Berkeley County Government upon request. 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.

Name: _____

Title: _____

Signature: _____

Date: _____



**ACCOMMODATIONS TAX FUNDING
FINAL REPORT**

1. PROJECT INFORMATION

Project Name: _____

Organization Name: _____

Contact Name: _____

2. PROJECT COMPLETION

Were you able to complete the project as stated in your original application? _____

If no, state discrepancies _____

How did you use the funds? _____

3. PROJECT SUCCESS

What impact did this have on Berkeley County and benefit to tourism?

4. PROJECT ATTENDANCE

Record numbers in table below. Numbers are to reflect attendance and funds received for projects for both the current and previous periods.

	Prior Year _____	Current Year _____
a. Total budget of event/project		
b. Amount funded by Berkeley County A-Tax	a. _____	_____
c. Amount funded by other sources	b. _____	_____
d. Estimated number of tourists	c. _____	_____
	d. _____	_____



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**ACCOMMODATIONS TAX FUNDING
FINAL REPORT**

5. METHODS

Please describe the methods used to capture the attendance data (i.e., license plates, surveys, zip codes, etc.)

6. PROJECT BUDGET

Please attach report indicating event/project expenses compared to budget for the current grant.

7. ORGANIZATION SIGNATURE

Please provide signature of official within organization, verifying accuracy of above statements.

Name: _____ Title: _____

Signature: _____ Date: _____