



For Accommodations Tax Committee Use Only	
Amount Requested	_____
Date Received	_____
File # 17-18	_____
Date Reviewed	_____
Information Complete	_____
Need More Information	_____
Date Contacted	_____
Amount Awarded	_____
Date Notification Sent	_____

**ACCOMMODATIONS TAX FUNDING PROGRAM**  
**CITY OF CAMDEN, SOUTH CAROLINA**  
**FUNDING APPLICATION**

**THE APPLICATION MUST BE TYPED AND RETURNED WITH 1 original and 7 copies.**

**DEADLINE: Applications MUST BE RECEIVED by the City of Camden by 5 p.m. Friday, April 28, 2023.**

Name of the Project: \_\_\_\_\_

1. Sponsor(s) Name: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

2. Project Coordinator: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

3. Project Coordinator \_\_\_\_\_

Telephone \_\_\_\_\_ Email: \_\_\_\_\_

Mailing address \_\_\_\_\_

4. Organization Federal ID Number \_\_\_\_\_ Organization Name \_\_\_\_\_

Are you a non-profit organization? Yes \_\_\_\_\_ NO \_\_\_\_\_

5. Has the organization been funded through this Accommodations Tax Funding Program in the past?

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

If yes, please list the amount received during the fiscal year listed below:

July 2020-June 2021 \_\_\_\_\_ July 2021 -2022 \_\_\_\_\_ July 2022-2023 \_\_\_\_\_

6. Project Category:

\_\_\_\_\_ Advertising & Promotion of Tourism Destination

\_\_\_\_\_ Advertising & Promotion of Arts/Cultural Events

\_\_\_\_\_ Advertising & Promotion of Large Tourist Events

NOTE: Project Date **MUST occur** between July 1, 2023 - June 30, 2024

Please select one of the following:

One Time Project

Ongoing Project

New Project

Existing Project

7. Is the program/event located within the City of Camden's corporate limits?

Yes  No

Site / Location of the Project: \_\_\_\_\_

8. Funding information

A. Total Budget for Event/Program \_\_\_\_\_

B. City of Camden ATAX Requested \_\_\_\_\_

C. Applicant Funds Provided: \_\_\_\_\_

(Including any other monies or grants)

9. Description of the Project: General Description

Enter text here:

Specifically how will this project benefit the economy in Camden? (Be detailed in your justification and attach a separate sheet of paper if necessary.)

Enter text here:

How does this project attract state, region, and/or national audiences? (Be detailed in our justification and attach a separate sheet of paper if necessary.)

Enter text here:

**10. Revenue Sources:** (Please check all sources of revenue that are requested or approved and the amount of funds to be received: the fund to be received.

	Requested	Approved	Amount
_____ Accommodations Tax	_____	_____	_____
_____ City of Camden	_____	_____	_____
_____ Kershaw County	_____	_____	_____
_____ Private Funds/Grants	_____	_____	_____
_____ Donations	_____	_____	_____
_____ SCPRT	_____	_____	_____
_____ Other (Please list)	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Total Anticipated Program Revenue			\$ _____

**11. Estimated total attendance for new or one time project/program?** \_\_\_\_\_  
 Or Total attendance last time project was held? Include year \_\_\_\_\_ Year \_\_\_\_\_

**12. Estimated tourist attendance for new or one time project?** \_\_\_\_\_  
 Or Total tourist attendance the last time project was held? \_\_\_\_\_ Year \_\_\_\_\_

**13. The following are examples on which City of Camden A-TAX Funding can be used: NOTE: You must itemize advertising elements at item #15 (last page of this document.)**

- Magazine ads
- Newspaper ads
- Television ads
- Radio ads
- Billboards
- Website/digital advertising
- Social Media
- Other – (please explain) \_\_\_\_\_

**14. Statement of Assurances**

If the grant application is awarded funding, we agree, as representatives of the organization names in this application, to provide any and all records pertaining to this grant for inspection by the City of Camden Accommodations Tax Committee upon request.

Project Coordinator Name (Typed)	Date
Project Coordinator Signature	Date
Administrative Official Name (Typed)	Date
Administrative Official Signature	Date

**SUBMIT APPLICATION TO:**  
 City of Camden Accommodations Tax  
 Committee ATTN: Lynn Austin  
 P.O. Box 7002 / 1000 Lyttleton Street  
 Camden, SC 29021 / Camden, SC 29020

**DEADLINE for application is  
 5 p.m. Friday, April 28, 2023.**

