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| For Accommodations Tax Committee Use Only |
| Amount Requested Date ReceivedFile # 24-25 Date ReviewedInformation Complete Need More Information Date Contacted Amount AwardedDate Notification Sent |  |
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**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 26, 2024.**

Name of the Project:

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

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

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

1. Project Coordinator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

1. Project Coordinator\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Telephone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

1. Organization Federal ID Number Organization Name

1. 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 2021-June 2022 \_\_\_\_\_\_\_\_\_\_\_\_\_\_ July 2022 -2023\_\_\_\_\_\_\_\_\_\_\_\_ July 2023-2024\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Project Category:

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

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

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

*NOTE: Project Date must occur during the City of Camden’s fiscal year July 1, 2024* - *June 30, 2025*

Please select one of the following:

**\_\_\_\_\_** One Time Project

**\_\_\_\_\_** Ongoing Project

**\_\_\_\_\_** New Project

**\_\_\_\_\_** Existing Project

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

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

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

1. 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

Administrative Official Name (Typed)

Administrative Official Signature

Date

**SUBMIT APPLICATION TO:**

**City of Camden Accommodations Tax Committee**

**ATTN: Rickie Good**

**1000 Lyttleton Street**

**Camden, SC 29020**

Date

 Date

**DEADLINE for application is**

**5 p.m. Friday, April 26, 2024.**

**15.** List, in detail below - what items and the cost of the items for which you are requesting A-Tax funds. (Do not list all program expenditures). **List only those funds that A-Tax will be used for payment.**

Attach a separate sheet of paper as necessary.

***Example:***

|  |  |  |
| --- | --- | --- |
| Quantity | Description | Cost |
| **1** | **1/2 Page Ad – Charleston Magazine the Char Magazinehronicle** | **$1,300300** |
| **3** | **Facebook Boosted Ads $80.00 ea.**  | **$240** |

List

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TOTAL $