

For Accommodations Tax Committee Use Only			
Amount Requested			
Date Received			
File # 24-25			
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 26, 2024.

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				
<b>4.</b> Organization Federal ID Numb	er	Orgar	nization Name	
Are you a non-profit organiza	ation?	Yes	NO	
<b>5</b> . Has the organization been fur		nis Accommodations	s Tax Funding Program in the pa	ıst?
Y	es	No		
If yes, please list the amount	received during	the fiscal year liste	d below:	
July 2021-June 2022	July 20	022 -2023	July 2023-2024	
6. Project Category:				
Advertising & Promoti	on of Tourism [	Destination		
Advertising & Promoti	on of Arts/Cult	ural Events		
Advertising & Promoti	on of Large Tou	irist 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
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:

			Requested	Approved	Amount	
	_ Accommodations Tax					
	City of Camden Kershaw County	-				
	_ Kersnaw County _ Private Funds/Grants	-				
	Donations	-			<del></del>	
	=	-			<del></del>	
	Other (Please list)					
		-				
		-				
	=				_	
	Total Anticipated Program Re	venue		\$		
L1. Estimate	ed total attendance for new or	one time pro	oiect/progran	n?		
	l attendance last time project v				Year	
	the state of the same of the police	- +: o m				
	ed tourist attendance for new or tourist attendance the last tim	•	-		Year	
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13. The follo advertis – Maą – Nev – Tele	owing are examples on which ( ing elements at item #15 (last gazine ads vspaper ads evision ads	City of Camde	en A-TAX Fund	ding can be used	d: NOTE: You mu	ıst iter
13. The follonadvertis  - Mag - Nev - Tele - Rad - Billonadde - Soci - Oth  14. Statement of the grant application,	owing are examples on which of ing elements at item #15 (last gazine ads exision ads lio ads boards bsite/digital advertising ial Media	City of Camde t page of this g, we agree, a s pertaining to	en A-TAX Fund document.)	tives of the orga	anization names i	in this
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1000 Lyttleton Street Camden, SC 29020

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	\$1,300
3	Facebook Boosted Ads \$80.00 ea.	\$240

List

Quantity	Description	Cost

TOTAL